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| Case Number: | CM14-0176595 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 04/11/2011 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 61-year-old man with a date of injury of April 11, 2011. The mechanism of injury was not documented in the medical record. The carrier has accepted the right knee, soft-tissue neck, and soft-tissue head. The carrier has denied the right shoulder, upper back area, lower back area, right foot, and mental. The IW currently works full-time. X-ray of the right knee dated May 8, 2014 reveals possible soft-tissue foreign body within the medial soft tissues with no bony abnormalities appreciated. MRI of the right knee was performed on June 11, 2014. Pursuant to the progress note dated June 11, 2014, the IW complains of ongoing headaches and right knee pain. The report states that he is doing well on Norco and Colace. Norco brings his pain level down from an 8/10 to a 4-5/10 and allows him to continue work full-time and walk for exercise. The last urine drug screen was consistent. He has not started the Voltaren gel yet because he has not picked it up from the pharmacy. Objective findings include: Tenderness to palpation over the cervical paraspinal muscles. He has full range of motion of the right knee. He has crepitus and pain with full range of motion of the right knee. Diagnoses include: Chronic neck pain with headaches; chronic low back pain, currently deemed non-industrial; and chronic knee pain. The treating physician instructed the IW to remain active and take medications as prescribed. The MRI report of the right knee is pending. Follow-up is scheduled for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical Analgesics

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Voltaren gel 1% is not medically necessary. Topical analgesics are largely experimental with few controlled trial to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend Voltaren gel 1% for treatment of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). In this case, the injured worker does not have osteoarthritis of the affected knee. A progress note dated June 11, 2014 states the injured worker has not picked up the initial Voltaren gel prescription from April and his pain level is controlled with Norco and is down to 1/10 with Norco use. He works full time and walks for exercise. Consequently, Voltaren gel 1% is not indicated or medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Voltaren gel 1% is not medically necessary.