

<b>Case Number:</b>	CM14-0033944		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/23/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This 52y/o male injured worker with date of injury 11/23/09 with related injury to bilateral knees and lumbar spine. Per 1/6/14 progress report, he returned for re-evaluation of his left knee, and had a longstanding history of left knee osteoarthritis. He is status post left knee ACL reconstruction with high-grade ruptured ACL graft; status post revision ACL reconstruction 10/8/10; Synvisc One to the left knee on 10/2011, 6/2012, 2/2013, 7/2013, 1/2014. MRI of the right knee dated 7/27/12 showed patellofemoral chondromalacia and grade IV chondromalacia of the medial femoral condyle. MRI of the cervical spine dated 2/11/13 revealed reversal of cervical lordosis which may be due to muscle spasm; 1-2mm disc herniation/osteophyte complexes at C4-C5 and C5-C6 with minimal narrowing of the anterior thecal sac. He has been treated with surgery, injections, physical therapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Transdermal Gel 1% #1 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review support the use of this medication as the structure of the knees lend themselves to topical treatment. The request is medically necessary and appropriate.