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| <b>Case Number:</b>   | CM14-0034106 |                              |            |
| <b>Date Assigned:</b> | 03/21/2014   | <b>Date of Injury:</b>       | 07/30/2007 |
| <b>Decision Date:</b> | 12/23/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <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 Occupational Medicine and is licensed to practice in California and Hawaii. 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 case is a 54 year old male with date of injury on 7/30/2007. A review of the medical records indicate that the patient is undergoing treatment for right knee medial meniscus tear, bilateral knee osteoarthritis, chronic pain syndrome, depressive disorder, and sleep disorder. Subjective complaints (4/2013, 6/2013, 10/2013) include bilateral knee pain, pain relief with medications. Objective findings (4/2013, 6/2013, 10/2013) include antalgic gait. No additional musculoskeletal exam provided in treatment notes. Treatment has included medications (gabapentin, zanaflex, Tylenol #3, pristiq), and knee braces. A utilization review dated 2/24/2014 non-certified a request for Voltaren Gel 1%.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) specifically states for Voltaren Gel 1% (diclofenac) that it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do indicate that the patient is being treated for osteoarthritis pain of the knee. However, there was no documentation to substantiate the diagnosis of bilateral knee osteoarthritis. No physical exam of the knee was provided. Additionally, the records did not include any imaging studies to support the diagnosis of osteoarthritis of the knee. Given the lack of substantiating objective or radiological findings, the request for Voltaren Gel has not met guidelines. As such, the request for Voltaren Gel 1% is not medically necessary.