

<b>Case Number:</b>	CM14-0048536		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/31/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Physical Medicine and Rehabilitation and Pain Management 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 patient is a 73 year old male with an injury date of 05/31/03. Based on the 02/13/14 progress report provided by the treating physician the patient complains of right knee pain. His right knee is swollen and he feels pain along the lateral side of his knee. He feels a stabbing pain with walking and feels as though there is fluid there. There is tenderness to palpation at the right sacroiliac (SI) joint of his lower back. On 04/02/13, the patient had a right sided SI joint injection. The patient's diagnoses includes, chronic lumbosacral strain/sprain, secondary to altered gait with right SI joint dysfunction, status post right knee arthroscopy with tricompartmental degenerative joint disease, right knee medial meniscal tear with chondromalacia patella, and compensatory left knee pain- moderate osteoarthritis. The treating physician is requesting for Voltaren 7.5 mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 75mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** According to the 02/13/14 report by the treating physician, the patient complains of right knee pain and low back pain. The request is for Voltaren 7.5 mg #60 with 2 refills. The patient is also taking Ultram. The MTUS Guidelines page 22 supports the use of nonsteroidal anti-inflammatory drugs for chronic back pain. However the MTUS 60 and 61 state relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case, none of the reports show documentation of medication efficacy in terms of pain and function. Without such documentation, on-going use of medications for chronic pain is not recommended. Recommendation is for denial. As such, the request is not medically necessary.