

Case Number:	CM14-0063937		
Date Assigned:	07/11/2014	Date of Injury:	07/17/1990
Decision Date:	11/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 Arizona. 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 is a 62year old woman with a work related injury dated 7/17/90 resulting in chronic pain. The patient had a left total knee revision with chronic knee pain. She was seen by the primary treating physician on 2/5/14 at which time she complained of ongoing knee pain. She is taking Oxycodone for the pain. The physical exam is significant for mild to moderate anterior/lateral specific tenderness. The diagnosis is knee joint replacement. The plan of care includes physical therapy and oral NSAIDS for the pain and swelling. Under consideration is the medical necessity of Voltaren (Diclofenac sodium) 1% gel topically that was denied during utilization review dated 4/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren (diclofenac sodium) 1% Gel Quantity OneTwo Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the MTUS regarding topical NSAIDS-the efficacy of topical NSAIDS in clinical trials for this treatment modality has been inconsistent and most studies are

small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.

Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. The patient does not have a diagnosis of osteoarthritis or tendinitis, the use of Diclofenac gel is not medically necessary.