

<b>Case Number:</b>	CM14-0197585		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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 is a 52 year old female who sustained a work related injury May 22, 2012. Past medical history is documented on April 14, 2014, by treating orthopedic physician as; moderate constant neck pain that intermittently radiates into upper extremities, intermittent numbness and tingling in hands and fingers, moderate constant low back pain and intermittent radiation of pain into lower extremities. Diagnoses at that time were documented as; knee arthralgia, knee medial meniscus tear, knee chondromalacia patella and knee degenerative osteoarthritis. The medical record reveals the injured worker has received a total of 3 Orthovisc injections to the right knee (the third on May 5, 2014) which has decreased the right knee pain and grinding. There are no x-rays or MRI reports present in this case file for review. On October 15, 2014, the injured worker presented to the treating physician for orthopedic reevaluation. She complains of worsened pain in her right knee and continues to use Motrin, Prilosec and Voltaren Gel with benefit. Physical examination reveals: ambulates with cane, right knee range of motion 0-130 degrees with subpatellar crepitus, straight leg raise performing well, and hypersensitivity about the knee joint. Diagnoses included; knee degenerative osteoarthritis; knee chondromalacia patella; knee medial meniscus tear and knee arthralgia. Recommendations included; home heat/ice and topical analgesic ointment as needed, stretch and strength home exercise program, over the counter analgesic/anti-inflammatory and other medications as needed, Aqua therapy, home TENS unit daily, surgical consultation for right knee arthroscopy and debridement versus total knee replacement arthroplasty. Work status is documented as temporarily totally disabled x six weeks. According to utilization review performed November 11, 2014; modified approval has been given for ibuprofen 800mg 60 tablets, Norco 10/325mg 60 tablets, Prilosec 20 mg 30 tablets, and Ultracet 37.5/325mg 60 tablets. Regarding Voltaren Gel and citing MTUS Chronic Pain Guidelines, there is no description of VAS scores, pain relief, functional gains, or

appropriate monitoring present is the medical records to establish benefit or failure of the anti-inflammatories by itself. Therefore, Voltaren Gel is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren gel:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability 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. I respectfully disagree with the UR physician's assertion that the guidelines require documentation of of VAS scores, pain relief, functional gains, or appropriate monitoring present is the medical records to establish benefit or failure of the anti-inflammatories by itself for treatment with topical NSAIDs.