

Case Number:	CM15-0019378		
Date Assigned:	02/09/2015	Date of Injury:	10/19/2001
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old female who reported injury on 10/19/2001. Her mechanism of injury is not included. Her diagnoses included postop right total knee with persistent pain, chondromalacia of patella, thoracic lumbosacral neuritis, and radiculitis. Her surgical history included right knee total knee arthroplasty on 04/19/2007. Her diagnostic studies included x-ray of right knee on 11/06/2014 that indicated components of the total knee arthroplasty are aligned anatomically with solid cement fixation. There are areas of radiolucency at the bone cement interface, but the patella still appears to be well fixed and the pegs have no radiolucencies. The progress report dated 10/04/2014 documented the injured worker stated the Voltaren gel was helping her. It is much safer for her to apply the gel than to take the Voltaren orally.

IMR ISSUES, DECISIONS AND RATIONALES

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

100gm Voltaren Transdermal Gel 1 Percent, Apply TID QID #5 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The request for 100gm Voltaren Transdermal Gel 1 Percent, Apply TID QID #5 Refills 3 is not medically necessary. The California MTUS guidelines state Voltaren Gel 1% (diclofenac) is 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren®; package insert). There is no indication to provide refills of any medication without interval evaluation of its efficacy. The request is unclear in the instructions. It instructs to "apply TID QID". Although the documentation indicates this medication is working for pain relief, and the guidelines recommend its use on knees, the instructions are not clear. The instructions include 5 tubes with 3 refills. Therefore, the request for 100gm Voltaren Transdermal Gel 1 Percent, Apply TID QID #5 Refills 3 is not medically necessary.