

<b>Case Number:</b>	CM15-0133776		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male sustained an industrial injury to the back and bilateral knees on 8/9/09. Previous treatment included physical therapy, epidural steroid injections, injections, medial branch blocks, spinal cord stimulator and medications. The injured worker underwent right total knee replacement on 1/7/15 and revision of right total knee replacement on 4/22/15. In a PR-2 dated 6/10/15, the injured worker reported having increased range of motion and less pain to the right knee. The injured worker complained of ongoing aching that improved with application of Voltaren gel. Physical exam was remarkable for right knee with a well healed surgical wound and no effusion or instability. Current diagnoses included status post total knee replacement, knee pain, lower leg osteoarthritis, cruciate ligament sprain/strain, arthralgia, lumbar spine degenerative disc disease, medial meniscus tear, bursitis and displacement of intervertebral disc without myelopathy. The treatment plan included physical therapy twice a week for four weeks and a prescription for Voltaren gel.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

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

**Decision rationale:** The injured worker sustained a work related injury on 8/9/09. The medical records provided indicate the diagnosis of status post total knee replacement, knee pain, lower leg osteoarthritis, cruciate ligament sprain/strain, arthralgia, lumbar spine degenerative disc disease, medial meniscus tear, bursitis and displacement of intervertebral disc without myelopathy. Treatments have included physical therapy, epidural steroid injections, injections, medial branch blocks, spinal cord stimulator and medications. The medical records provided for review do not indicate a medical necessity for Voltaren Gel 1% . The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren Gel 1% (diclofenac) is a topical analgesic 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. The medical records indicate the injured worker failed treatment with Gabapentin, but he is still being treated with a Lyrica, another anticonvulsant. Therefore, the injured worker has not failed treatment with the first line agent as to justify the use of topical analgesic. Therefore, the request is not medically necessary.