

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0135329 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 07/06/2011 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/13/2015 |

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 61 year old female who sustained an industrial injury on 7-6-11. Diagnoses are other and unspecified derangement of medial meniscus and primary localized osteoarthritis-lower leg. In a progress report dated 6-23-15, the treating physician notes the injured worker complains of continued pain in the left knee and that it is getting worse. She reports she is unable to do most things on a daily basis, it affects her sleep and she feels instability and catching as well as pain in the knee. Medications are Aspirin, Naprosyn, Terocin Lotion, and Voltaren Gel 1% three times a day. There is tenderness to palpation of the medial joint line and a positive McMurray's tests. An MRI showed extension of the previous posterior horn medial meniscus tear, also some degenerative tear in the posterior horn of the lateral meniscus. She also has grade 4 chondromalacia of the patella and mild chondromalacia of the lateral compartment. Work status is to remain off work 6-23-15 until 6-26-15 for severe flare up, then with restrictions. The requested treatment is Voltaren Gel 1% with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 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 Page(s): 111-114.

**Decision rationale:** 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 has previously been treated with topical NSAIDS, the continued use is not medically necessary as the efficacy decreases after 2 weeks of use.