

<b>Case Number:</b>	CM15-0166769		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/14/1996
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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

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 60 year old female, who sustained an industrial injury on 3-14-96. She reported injury to her bilateral hands and knees. She subsequently underwent a right total knee arthroscopy in 2011. The injured worker was diagnosed as having carpal tunnel syndrome, status post carpal tunnel release, lumbago and osteoarthritis of the knee. Treatment to date has included physical therapy, Voltaren XR tablet and Voltaren gel (since at least 4-15-15). A review of physical findings (4-15-15 through 6-17-15), show decreased right knee range of motion, tenderness over the lateral joint line and a positive Finkelstein's in the right wrist. As of the PR2 dated 7-15-15, the injured worker reports pain in her right knee and right wrist. She has started physical therapy for the right knee and wrist yesterday. Objective findings include right knee range of motion 0-105 degrees, tenderness over the lateral joint line and a positive Finkelstein's in the right wrist. The treating physician requested Voltaren 1% gel #200 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Voltaren gel 1% qty: 200 (30 day supply) with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for a Pharmacy purchase of Voltaren gel 1% qty: 200 (30 day supply) with 1 refill. Treatment to date has included physical therapy, medications, right knee surgery 2011, and CTR. The patient is retired. MTUS Chronic Pain Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy 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." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (Diclofenac): 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." Per report 07/15/15, the patient presents with bilateral knee and hand pain. Objective findings include right knee range of motion 0-105 degrees, tenderness over the lateral joint line and a positive Finkelstein's in the right wrist. The patient is using the Voltaren gel for the anterior knee pain, which was helping. The treater requests a refill of Voltaren gel as it is helping a lot. MTUS supports the use of Voltaren gel for relief of knee pain and the treater has documented medication efficacy. This medication has been prescribed in accordance to MTUS; therefore, the request IS medically necessary.