

<b>Case Number:</b>	CM15-0180461		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male, who sustained an industrial injury on 8-14-12. The injured worker was diagnosed as having internal derangement left status post total knee replacement (2012 injury); internal derangement right knee with bone-on-bone from injury 2003; chronic pain syndrome; Treatment to date has included medications. Currently, the PR-2 notes dated 7-22-15, the provider documents the injured worker sees another provider for his right knee on another claim of 2-28-03. The provider notes "In terms of his pain, he has persistent pain in bilateral knees, more so on the right side. He did have a total joint replacement in July 2014 for the left knee, which is doing quite well. He was initially scheduled for a total joint replacement on the right, however, unfortunately he required a stent placement and surgery has been postponed until he has been recently cleared as 9-10-15. We will resubmit an extension for request for surgery. Again, he has popping, clicking, and buckling of the knee. He has a previous MRI of the right knee performed on July 2014 with advanced osteoarthritis of the medial compartment grade 4 cartilage loss with partial medial meniscectomy and re-tear of the inner margin junction of the body and anterior horn with multiple intra-articular bony loose bodies with large swelling extending to the popliteal tendon sheath, chronic degenerative changes and partial tear of the ACL, deep cartilage fissuring and extensive cartilage irregularity of the anterior compartment. [The patient continues to see the other provider.] He is not working and is receiving social security disability as well as pension." The provider notes the injured worker has a medical history of hypertension and diabetes. The provider documents objective findings as "The patient has tenderness along the right knee. Extension at 175 degrees and flexion at

120 degrees with discomfort. Tenderness along the joint line medially greater than laterally. Positive anterior drawer test 1+. Tenderness along the inner and outer patella. Positive compression test and negative inhibition test. Negative patellar tilt test." The provider's treatment plan includes medication prescriptions, follow-up visit 10-22-15; proceed with right total knee surgery. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-11-15 and non-certification was for Voltaren gel #5 100g. Utilization Review denied the requested topical medication using the CA MTUS Guidelines (2009), page 111, "Topical Analgesics". The provider is requesting authorization of Voltaren gel #5 100g.

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

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

**Voltren gel #5 100g:** Upheld

**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 claimant sustained a work injury in August 2012 and continues to be treated for bilateral knee pain including a history of a left total knee replacement in July 2014. Right total knee replacement had been planned but he underwent coronary artery stenting requiring a postponement of surgery. When seen, he was having ongoing popping, clicking, and buckling of the knee. Physical examination findings included joint line tenderness with positive anterior drawer testing. There was positive compression testing. There was decreased and painful knee joint range of motion. Ongoing medications included oral naproxen and AcipHex. Voltaren gel was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has right knee pain likely amenable to topical treatment. However, oral Naprosyn continues to be prescribed. Prescribing another NSAID medication is duplicative and not considered medically necessary.