

<b>Case Number:</b>	CM15-0183188		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/15/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

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 with a date of injury on 09-15-2001. The injured worker is undergoing treatment for chronic pain syndrome, dystrophy reflex sympathetic left knee, internal derangement of the knee, psychogenic pain, and status post left knee ACL reconstruction, and status post lumbar fusion, major depression, degenerative lumbar disc disease-left, and long- term use of medications. A physician progress note dated 08-21-2015 documents the injured worker complains of low back pain and bilateral knee pain. She rates her pain as 7 out of 10 with medications and 10 out of 10 with medications. She reports she is able to walk further with less pain and perform her ADLs when taking her medications. She also complains of fatigue, anxiety, and depression. She uses a cane and has an antalgic gait. Treatment to date has included diagnostic studies, medications, acupuncture, cognitive behavior therapy, aqua therapy, trigger point injections, and she is status post lumbar fusion. She was unable to complete the functional restoration program secondary to pain. Current medications include Lyrica, Savella, Lidoderm patches 5%, Voltaren gel, Cyclobenzaprine, Duragesic patch, Pantoprazole, Hydrocodone-BIT-APAP, and Naproxen. She is not working. A lumbar Magnetic Resonance Imaging done on 05-18-2015 reveals evidence of anterior discectomy and fusion surgery of L5-S1. There is narrowing of the central spinal canal at L3-L4 and L4-L5 due to facet joint arthropathy and small annular disc bulges. The Request for Authorization dated 08-25-2015 includes Lyrica 150mg, Duragesic 50mcg/hr patch, pantoprazole 20mg, Hydrocodone BIT APAP 10-325mg. On 09-01-2015 the Utilization Review non-certified the requested treatment Voltaren 1% gel, apply 2-4 grams to affected area TID #1 large tube.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, apply 2-4 grams to affected area TID #1 large tube:** 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 patient presents with chronic low back and bilateral knee pain. The current request is for Voltaren 1% gels apply 2-4 grams to affected area TID #1 large tube. The treating physician's report dated 08/21/2015 (36B) states, "Her pain level is reduced from 10/10 on a numeric pain scale to 7/10 with the medications she is taking. She also reports that she is able to walk further with less pain and perform her ADLs when taking the medications." The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short-term use, between 4-12 weeks. It is indicated for patient with 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. Medical records show that the patient was prescribed Voltaren gel prior to 08/21/2015. The patient's diagnosis include: reflex sympathetic dystrophy of the lower left knee, internal derangement of the knee, and status post left knee ACL reconstruction. In this case, the patient does have OA and tendinitis of the knee. The current request is medically necessary.