

<b>Case Number:</b>	CM15-0185136		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 is a 36 years old (per the peer review report) male patient who sustained an injury on 03-24-2014. The patient's date of birth was not indicated in the medical records. The diagnoses include chronic right knee pain, status post right knee arthroscopy, and low back pain. Per the progress report dated 08-25-2015 he had ongoing back and right lower extremity pain. The treating physician stated that the patient "continues to do well". It was noted that the Voltaren gel significantly reduced the patient's pain, and it brought his pain level down to about 3 out of 10 from 5 out of 10. It was also noted that the gel allowed the patient to work full-time with decreased pain and discomfort, and it also increased his range of mobility. He was able to bend, lift, and twist more at work as well as at home. The physical examination revealed no significant change. The medical legal report dated 06-02-2015 indicates that the most recent exam findings include continued tenderness to palpation of the right knee; no significant swelling noted on inspection; stiffness with range of motion; slow movement from a seated position; and a mild antalgic gait with a slight limp favoring the right leg. The medications list includes Voltaren gel (since at least 06-2014), Aleve, Max freeze and Biofreeze. He has undergone right knee arthroscopy on 04-25-2012. He has had an MRI of the right knee dated 05-29-2013 which showed no re-tear of the ACL, and the findings were consistent with complex meniscal tear of the medial meniscus, and osteoarthritis of the medial and lateral compartment; and an MRI of the lumbar spine on 11-03-2012 with normal findings. He has had a TENS unit for this injury. The patient's work status was noted that he was currently working part-time. The treatment plan included the ongoing use of Voltaren gel for his knee. The treating physician indicates that the gel allowed the patient to remain active and functional, and it increased his range of motion and ability to lift, twist, and bend at work. The treating physician requested Voltaren 1% gel with two

refills. On 09-08-2015, Utilization Review (UR) non-certified the request for Voltaren 1% gel with two refills.

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

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

**Voltaren 1% gel, with 2 refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15), Voltaren® Gel (Diclofenac).

**Decision rationale:** Voltaren 1% gel, with 2 refills. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure to anti-depressants and anti-convulsant is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations." The request for Voltaren 1% gel, with 2 refills is not medically necessary.