

Case Number:	CM15-0190494		
Date Assigned:	10/02/2015	Date of Injury:	06/18/2009
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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 55 year old male patient who reported an industrial injury on 6-18-2009. The diagnoses include chronic right knee pain; degenerative joint disease in the bilateral knees; partial medial arthroscopic meniscectomy in 1992; and partial medial and sub-total lateral meniscectomies on 9-1-2009. Per the progress report dated 9-8-2015 he had complaints of persistent right knee pain, rated 6-7 out of 10, severe at that visit, worse with prolonged activity; that his current medications were helping him, but were difficult to get authorized; and that he was trying to lose weight and was pending authorization for orthopedic consultation. The objective findings revealed an antalgic gait on right; tenderness in the right knee joint line, worse on the medial aspect, with decreased right knee strength; right knee flexion 100 degrees. The medications list includes norco, omeprazole, lidoderm patch and voltaren gel. Patient was prescribed gabapentin on 2/19/2015. He has had recent x-rays of the right knee dated 8-28-2015, which revealed tricompartmental osteoarthritis, most severe in the medial compartment of the right knee, small knee effusion. He has undergone partial medial arthroscopic meniscectomy in 1992; and partial medial and sub-total lateral meniscectomies on 9-1-2009. His treatments were noted to include: an agreed medical evaluation (1-25-11); orthopedic evaluation (3-11-15); medication management; and a return to modified work duties. The physician's requests for treatments were noted to include a prescription for Voltaren Gel 1%, apply 2-4 grams, 4 x a day. The Request for Authorization for Voltaren Gel 1% was not noted in the medical records provided. The Utilization Review of 9-15-2015 non-certified the request for Voltaren Gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel: 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. 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 antidepressants and anticonvulsants have failed. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Any intolerance or contraindication to oral medications 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 failure of oral NSAIDS was not specified in the records provided the medical necessity of Voltaren 1% gel is not fully established for this patient at this time.