

<b>Case Number:</b>	CM15-0196408		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/03/2000
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Emergency Medicine

### 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 59 year old female, who sustained an industrial injury on 11-3-2000. The injured worker was being treated for pain in joint and right knee arthritis. Medical records (5-26-2015 to 9-11-2015) indicate chronic right knee pain with continued cellulitis. The injured worker reported right lower extremity numbness with prolonged sitting. She reported decreased pain in the right knee resulting from a 62 pound weight loss. Her medications are beneficial. The medical records (5-26-2015 to 9-11-2015) did not include documentation of the subjective pain ratings. The physical exam (5-26-2015 to 9-11-2015) reveals an antalgic gait, right knee tenderness, and cellulitis of the lower leg. Per the treating physician (9-11-2015 report), an MRI of the right knee revealed tricompartmental arthritis. Treatment has included aquatic therapy, a home exercise program, compression stockings, and medications including medical foods and topical pain (Voltaren 1% gel since at least 3-2015). The requested treatments included Voltaren 1% gel #3 with 2 refills. On 9-9-2015, the original utilization review non-certified a request for Voltaren 1% gel #3 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #3 with 2 refills as prescribed on 9/11/15: Upheld**

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

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

**Decision rationale:** The requested Voltaren 1% gel #3 with 2 refills as prescribed on 9/11/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The treating physician has documented an antalgic gait, right knee tenderness, and cellulitis of the lower leg. Per the treating physician (9-11-2015 report), an MRI of the right knee revealed tricompartmental arthritis. Treatment has included aquatic therapy, a home exercise program, compression stockings, and medications including medical foods and topical pain (Voltaren 1% gel since at least 3-2015). The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren 1% gel #3 with 2 refills as prescribed on 9/11/15 is not medically necessary.