

<b>Case Number:</b>	CM15-0196450		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/24/2001
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 24, 2001. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for Voltaren gel. A September 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 14, 2015 office visit, the applicant reported ongoing complaints of knee pain. The applicant reported difficulty squatting and kneeling. The applicant was described as having undergone earlier right knee surgery. MRI arthrography of the bilateral knees was sought. Voltaren gel was prescribed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place. It was not clearly stated whether the request for Voltaren gel was a first-time request or a renewal request. On August 31, 2015, the applicant again reported ongoing complaints of knee and leg pain. Kneeling and squatting were problematic. The applicant's knee was still buckling, it was reported. Voltaren gel was endorsed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% with 2 refills (sig: apply to affected area 2-3 times per day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for Voltaren gel, a topical NSAID, is not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as Voltaren are indicated in the treatment of small joint arthritis and/or tendonitis, as was present here in the form of the applicant's seeming issues with knee arthritis, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant reported continuing knee pain complaints on September 14, 2015. Voltaren gel had previously been prescribed on August 31, 2015. The applicant reported difficulty performing activities of daily living as basic as standing, walking, kneeling, and squatting, it was reported on the September 14, 2015 office visit at issue. No seeming discussion of medication efficacy transpired on this date. The applicant's pain complaints were described as trending unfavorably both on that date and on an earlier note dated August 31, 2015. Work restrictions were renewed, seemingly unchanged from previous visits on the September 14, 2015 office visit in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.