

<b>Case Number:</b>	CM15-0203940		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31-year-old male, with a reported date of injury of 12-18-2012. The diagnoses include left knee internal derangement and status post arthroscopic plica removal. The progress report dated 08-13-2015 indicates that the injured worker applied Voltaren 1% gel to his left knee four times a day as needed. He continued to have chronic, constant left knee pain, which was aggravated with any prolonged, repetitive, or strenuous weight-bearing activities. The injured worker experienced popping and clicking in the left knee, with occasional incidence of giving way and locking. It was noted that the injured worker had a signed pain contract, and had not shown any aberrant behaviors regarding his medications. The treating physician indicates that the injured worker's urine study (11-03-2014) was "consistent with his medication regimen". The injured worker rated his pain (06-19-2015 and 08-13-2015) 8-9 out of 10 without medications, and 5 out of 10 with medications. The objectives showed left knee limitation at 40 degrees and the ability to achieve full extension. The injured worker was going to be placed under temporary total disability. He was working under semi-sedentary restrictions the past month. The diagnostic studies to date have included an MRI of the left knee on 09-15-2015 which showed unchanged small joint effusion. Treatments and evaluation to date have included left knee diagnostic arthroscopy on 01-29-2015, Oxycodone, crutches, knee immobilizer brace, Diclofenac XR, Neurontin, Tramadol, Voltaren gel (since at least 01-2015), and physical therapy. The treating physician requested compound Voltaren gel 1% 4 grams. On 09-18-2015, Utilization Review (UR) non-certified the request for compound Voltaren gel 1% 4 grams.

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

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

**Compound Voltaren Gel 1% 4gm:** 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:** Compound Voltaren Gel 1% 4gm is not medically necessary per the MTUS Guidelines. The guidelines state that topical NSAIDs such as Voltaren are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not reveal that the patient has had functional improvement from prior Voltaren Gel use therefore the request is not medically necessary.