

<b>Case Number:</b>	CM15-0204141		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<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: 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 57 year old female with an industrial injury date of 01-21-2015. Medical record review indicates she is being treated for left knee internal derangement. Subjective complaints (09-11-2015) included complaints of worsening symptoms in left knee described as "sharp, shooting pain that is unbearable." The injured worker noted the physical therapy was very painful with just one session. Her pain was rated as 8-9 without medications. She had been on full duty since 08-20-2015 however she was placed off work from 09-11-2015 to 09-17-2015. Prior treatment included physical therapy and medications. Prior medication included anti-inflammatory medication and Tylenol. Objective findings (09-11-2015) included "moderate" muscle spasms in left anterior knee and left shin. The treating physician indicated the injured worker had full range of motion of the left knee without tenderness or swelling. On 09-29-2015 the request for Voltaren Gel 1% # 2 tubes apply 4 g to left knee daily was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #2 tubes left knee qty: 2: 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 request for Voltaren gel 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. The injured worker has left knee pain. The treating physician has documented "moderate" muscle spasms in left anterior knee and left shin. The treating physician indicated the injured worker had full range of motion of the left knee without tenderness or swelling. 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 gel 1% #2 tubes left knee qty: 2 is not medically necessary.