

Case Number:	CM15-0204444		
Date Assigned:	10/21/2015	Date of Injury:	08/28/1996
Decision Date:	12/07/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation

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 63 year old female who sustained an industrial injury on 8-28-96. A review of the medical records indicates that the worker is undergoing treatment for knee osteoarthritis, status post total knee arthroplasty, hypertension, gastroesophageal reflux disease, and transient ischemic attack. Subjective complaints (9-16-15) include bilateral knee pain, rated at 6-7 out of 10 with medication, and 8 out of 10 without medication. Objective findings (9-16-15) include an abnormal gait, knee flexion (right and left) 110 degrees, extension (right and left) 0 degrees, pain with range of motion and palpable tenderness at the medial and lateral joint line. Work status was noted as not currently working. Previous treatment includes Tramadol, Norco, Celebrex, AP-Ibuprofen, and Flector patch. The treatment plan includes starting Voltaren Gel 1% as directed, transdermal, 3 times a day, 30 days, 1 tube, refills 2. The requested treatment of Voltaren Gel 1%, 1 tube with 2 refills was denied on 9-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 1 tube with 2 refills: Overturned

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 63 year old patient complains of bilateral knee pain rated at 8/10 without medications and 6-7/10 with medications, as per progress report dated 09/16/15. The request is for Voltaren gel 1%, 1 tube with 2 refills. The RFA for this case is dated 09/16/15, and the patient's date of injury is 08/28/96. The patient is status post total knee arthroplasty, as per progress report dated 09/16/15. Diagnoses also included osteoarthritis of knee, hypertension, gastroesophageal reflux syndrome, and transient ischemic attack. Medications, as per progress report dated 08/25/15, included Celebrex, Ultram, Omeprazole, Norco, and Ibuprofen. The patient is status post two left knee partial arthroplasties, as per progress report dated 04/21/15. The patient is not working as the employer cannot accommodate the restrictions, as per progress report dated 07/30/15. The MTUS has the following regarding topical creams (p111, Topical Analgesics section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Voltaren gel is only noted in progress report dated 09/16/15. The Utilization Review has denied the request because the patient is on three NSAIDs. She also complains of hypertension and GERD, and "this puts her at even greater risk for problems." There is no indication that the patient has used this topical formulation in the past. The patient has been diagnosed with osteoarthritis of knee, and MTUS does support the use of Voltaren gel for peripheral joint arthritis. Hence, the request appears reasonable and is medically necessary.