

<b>Case Number:</b>	CM15-0207879		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41 year old male with a date of injury on 10-11-2013. The injured worker is undergoing treatment for left knee PCL tear and lumbar strain versus lumbar disc disease. A physician progress note dated 09/29/2015 documents the injured worker complains of constant left knee pain with grinding, clicking and occasionally locking. He is unable to bend the left knee or walk or stand more than 15-20 minutes. He uses a cane. On examination there is minimal left knee edema, and there is tenderness with flexion. There is a positive drawer testing of the left knee. Treatment to date has included diagnostic studies, medications, physical therapy; status post left knee arthroscopic surgery on 08-22-2015, use of a knee brace, steroid injections, swimming, bicycling, and use of a knee sleeve. Current medications include Gabapentin and Naproxen. Magnetic Resonance Imaging of the knee was done on 05-01-2015 and showed mild moderate chronic sprain of the anterior cruciate ligament, a small cystic lesion abutting the posterior meniscal root of the medial meniscus is seen, and a defect of the medial weightbearing femoral condyle cartilage with underlying subcortical edema. The Request for Authorization dated 09-29-2015 includes Voltaren gel, refill Gabapentin, and Naproxen, physical therapy, and a Transcutaneous Electrical Nerve Stimulation unit. On 10-08-2015 Utilization Review non-certified the request for Voltaren gel 1% 4g 200g with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Volteran gel 1% 4g 200g with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in October 2013 when he fell from scaffolding with injury to the left knee. He had arthroscopic surgery in August 2014. He had postoperative physical therapy. In May 2015, he was seen for a second opinion. He had severe anterior pain with instability and decreased strength. Physical examination findings included a body mass index of nearly 35. There was knee tenderness with positive Lachman testing. An arthroscopic ACL repair was recommended. In July 2015, Gabapentin and naproxen were being prescribed. When seen in September 2015 he had persistent knee pain. He was having rare buckling symptoms. Pain was interfering with daily function and sleep. He remained unable to return to work. Physical examination findings included an antalgic gait with use of a cane. There was minimal left knee edema. Posterior drawer testing was positive. Gabapentin and naproxen were refilled. Voltaren gel was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral naproxen continues to be prescribed. Prescribing two non-steroidal anti-inflammatory medications is duplicative and is not considered medically necessary.