

Case Number:	CM15-0209996		
Date Assigned:	10/28/2015	Date of Injury:	03/13/2009
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 -year-old female patient who sustained an industrial injury on 3-13-2009. The diagnoses include knee osteoarthritis, knee joint ankylosis, tear of the medial cartilage and-or meniscus of the knee, and sprain of the cruciate ligament of the knee. Per the doctor's note dated 9-15-2015 she had complaints of recent increasing pain which she relates to recent changes in her job duties. Pain was not rated or characterized. Physical examination of the left knee revealed no effusion, warmth or erythema, stable joint, and negative Homan's sign, range of motion noted as 0-125 degrees versus 0-140 on the right. The medications list includes vimovo, hydrocodone, ibuprofen, rifampin, Solon pas adhesive patch, soma, tramadol ER, keflex, doxycycline, medrol pak, Vimovo, mupirocin ointment and Voltaren 1 percent topical gel. She is status post left knee unicompartament arthroplasty on 11-25-2013; left knee scope with ACL reconstruction 5-2-2012 on; and knee arthroscopic medial meniscus debridement and "microfracture" medial femoral condyle on 12-29-2010. Documented treatment includes use of a knee sleeve and medications. A request was submitted for a refill of Voltaren gel with 3 refills, but this was denied on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent with 3 Refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Voltaren Gel (diclofenac).

Decision rationale: The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed..... Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Any intolerance or contraindication to oral medications is not specified in the records provided. Evidence of significant neuropathic pain is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an antidepressant and anticonvulsant is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The failure of oral NSAIDs is not specified in the records provided. The request for Voltaren Gel 1 Percent with 3 Refills is not medically necessary or fully established for this patient at this time.