

Case Number:	CM15-0020609		
Date Assigned:	02/10/2015	Date of Injury:	07/16/2010
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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 43-year-old female who reported injury on 07/16/2010. The mechanism of injury was the injured worker fell on cement while she was sweeping water in the basement. The surgical history included a left knee medial meniscus tear and left ACL tear status post repair, chronic pain syndrome and left knee pain. The injured worker was noted to be unable to take oral NSAIDS due to melena in the past while on an oral NSAID. The injured worker was previously prescribed Pennsaid. The documentation of 11/18/2014 revealed the injured worker had a prior Supartz injection which made her knee swollen and painful for several days and only gave her 2 to 3 days of pain relief. The injured worker had current complaints of constant knee pain described as stabbing and aching with numbness. The documentation indicated the injured worker was utilizing Pennsaid which had been helpful; however, it had been denied. The physical examination revealed the injured worker had mild joint effusion in the left knee. The injured worker was unable to bend her left knee. The injured worker kept her knee at an extended position. There was tenderness on the medial aspect of the left knee. The injured worker ambulated independently with a standard cane with her left knee straight with hip hiking and antalgic gait. The treatment plan included the physician would give the injured worker samples of Voltaren gel and the injured worker was to use it to the left knee 4 times a day as needed. The physician indicated if the medication was effective, a prescription would be given to the injured worker. The subsequent documentation of 01/23/2015 revealed Voltaren gel helped and the physician gave her a prescription for Voltaren gel but it was denied. The denial was noted to be based on the medication being for short term use only. The physical

examination remained the same. The treatment plan included urine drug screen, and opioids. Additionally, the documentation indicated the Voltaren gel with the use of Percocet acted synergistically to reduce the injured worker's pain. The injured worker's pain was noted to be decreased to a 7/10 with pain medications from a 10/10 without pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 500g #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated that the injured worker had objective pain relief with the medication. However, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Voltaren gel 1% 5 gm #1 bottle is not medically necessary.