

Case Number:	CM15-0211675		
Date Assigned:	10/30/2015	Date of Injury:	07/18/2011
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, 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:

The injured worker is a 67-year-old male who sustained an industrial injury on July 18, 2011. Medical records indicated that the injured worker was treated for right knee pain. His medical diagnoses include bilateral knee tricompartmental osteoarthritis status post right knee arthroplasty, bilateral chronic shoulder rotator cuff syndrome, rule out tear, bilateral hand pain and bilateral foot pain. In the provider notes dated October 4, 2015, the injured worker complained of cervical spine, bilateral shoulder, bilateral wrist and knee pain. He rates all pain a 3 on the pain scale. He states that knee pain is improving. He is doing postoperative physical therapy (PT) to the right knee and his range of motion has increased. He has completed 7 of 12 PT sessions. His pain is worse with weather and activities and his pain medications reduce his pain from a 3 to a 0 on the pain scale. On exam, the documentation stated that there is increased range of motion in the right knee. The surgical scar was well healed. He ambulates with a cane for balance. The treatment plan is for medication refills, additional PT and Voltaren gel. A Request for Authorization was submitted for Voltaren gel. The Utilization Review dated October 19, 2015 denied the request for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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 is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on Tylenol #3 with adequate pain relief. There is no indication of failure of oral Tylenol. The baseline pain score of 3/10 was not significant and 0/10 with oral medications, Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.