

Case Number:	CM15-0220780		
Date Assigned:	11/17/2015	Date of Injury:	07/10/2007
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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 female who sustained an industrial injury on July 10, 2007. The worker is being treated for: cervical degenerative disc disease, bilateral shoulders impingement syndrome with frozen shoulders and rotator cuff tears, lumbar spine strain and sprain, dysphagia and insomnia. Subjective: August 24, 2015 noted improvement in cervical spine pain, but still symptomatic with low back and bilateral knee pain. October 19, 2015 she reported complaint of increased knee pain. She reported having difficulty walking and standing due to the pain. She reported bilateral knee pain with associated clicking, swelling and low back pain. She is not working at this time. Objective: August 24, 2015 noted one plus spasms into the trapezius. October 19, 2015 noted the lumbar spine with tenderness to palpation over the left side more so particularly to palpation over the medial and lateral joint line. There is mild swelling in the left knee posteriorly. Diagnostic: UDS, August 2015. Medication: July 2015, August 2015, and October 2015: Norco, Lyrica, Colace, Loratadine, Omeprazole, and Carisoprodol. Treatment: 2013 injection CESI without relief of symptom, 2013 completed 12 authorized PT sessions with noted improved ROM and function but pain did not improve; history for bilateral CTR 2007 with postoperative PT, ACDF 2011, pain management, October 2015 POC noted pending authorization for surgery right knee arthroscopy and additional acupuncture sessions (noted completing 16 sessions that have improved ROM and allowed decreased medication consumption). On October 26, 2015 a request was made for Voltaren gel 1% #500GM trial that was noncertified by Utilization Review on October 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #500g, trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 10/19/15 progress report provided by the treating physician, this patient presents with bilateral knee pain with clicking noise coming from the knee, swelling, and pain behind the posterior left knee, as well as low back pain with pain traveling down her lower extremities, and numbness/tingling in her upper extremities, with pain rated 5/10 with medications and 8/10 without medications. The treater has asked for Voltaren gel 1%, #500G, trial on 10/19/15. The patient's diagnoses per request for authorization dated 10/26/15 are neck s/s, displacement cervical intervertebral disc, lumbosacral s/s, internal knee derangement. The patient is s/p cervical epidural steroid injection from 10/17/13 without relief, 12 physical therapy sessions with improved range of motion and function but no pain relief, carpal tunnel release in 2007 with post-op physical therapy, 16 acupuncture treatments which helped range of motion and decreased pain levels with subsequent decreased in medication usage per 8/24/15 report. The patient's numbness/tingling in upper extremities have improved following acupuncture treatments per 8/24/15 report. The patient is s/p anterior cervical fusion and decompression from 10/6/11 per 10/19/15 report. The patient is currently not working as of 10/19/15 report. MTUS, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 states the following: "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." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." 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. Per 10/19/15 report, the treater is requesting, "for the patient to trial Voltaren Gel 1% apply 4g to both knee(s) up to four times a day for anti-inflammatory, for the bilateral knee joints, #500 g." Review of the medical records provided did not indicate prior use of Voltaren gel. The patient continues with bilateral knee pain. There is a diagnosis of "bilateral knees internal knee derangement with lateral meniscal tears per MRI of 2/8/11" per review of reports. Given this patient's chief complaint of peripheral joint pain unresolved by conservative measures, a trial of Voltaren gel is an appropriate measure. Therefore, the request is medically necessary.