

<b>Case Number:</b>	CM15-0050979		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/19/1996
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 56-year-old female who sustained an industrial injury on 09/19/96. Initial complaints and diagnoses are not available. Treatments to date include left hip and knee replacements. Diagnostic studies include an x -ray. Current complaints include right knee pain. In a progress note dated 01/28/15 the treating provider reports the plan of care as medication to include Flexeril, Tylenol #4, trazadone, and Voltaren gel, physical therapy, and weight loss. The requested treatments include Voltaren gel, physical therapy, and weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%, 5 tubes:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic right knee pain. Her past medical history includes a DVT and medications include Coumadin. She has undergone left hip and knee replacements. Treatments have included physical therapy. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the knee amenable to topical treatment. Her history of Coumadin use would be a contraindication to the use of an oral non-steroidal anti-inflammatory medication. Therefore, the request was medically necessary.

**Physical therapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic right knee pain. Her past medical history includes a DVT and medications include Coumadin. She has undergone left hip and knee replacements. Treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20):2111-2120.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic right knee pain. Her past medical history includes a DVT and medications include Coumadin. She has undergone left hip and knee replacements. Treatments have included physical therapy. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non-supervised weight loss program including a low calorie diet and increased physical activity, which might include an appropriate trial of pool therapy. Therefore, the requested weight loss program is not medically necessary. (1) Tsai AG,

Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20):2111-2120.