

<b>Case Number:</b>	CM14-0123643		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old female presenting with a work-related injury on April 27, 2011. The patient was diagnosed with grade 4 arthrosis of the patellofemoral medial and lateral compartments. The patient is status post left knee on June 1, 2012 and status post pacemaker placement. The patient has treatment included medication: Naprosyn. The patient was approved for left knee joint arthroplasty, however because of the nature of the patient's cardiac condition the patient has been unable to carry out the appointment in the elected orthopedic procedure. The patient continued to complain of swelling and pain, aching and stiffness is worse with prolonged weight-bearing activity. The patient has intraoperative evidence from the left knee arthroscopy on June 1, 2012 showed great for osteoarthritis of the patellofemoral, medial and lateral compartment. The physical exam was significant for left knee range of motion 0 to 125 of flexion, positive patellofemoral presentation and positive grind test. According to the medical records the patient has exhausted all conservative modalities. The patient is retired permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-

Treatment in Worker's Compensation, Pain Procedure Summary (last updated 06/10/20147),  
Diclofenac, Topical

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** Voltaren Gel 1% #2 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore compounded topical cream is not medically necessary.