MAXIMUS Federal Services

| Case Number: | CM14-0149213 | | |
|---|---|---|---|
| Date Assigned: | 09/24/2014 | Date of Injury: | 07/01/2004 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 56-year-old female patient who sustained a remote industrial injury on 07/01/2004. Patient is diagnosed with joint pain pelvis ([redacted]). Previous treatment has included left knee meniscal repair, right knee meniscal repair, injections, right shoulder rotator cuff repair, right a call fracture repair, oral medications, chiropractic treatment, physical therapy, and diagnostic workup with x-rays and MRIs. Most recent progress note dated 08/23/14 reveals the patient complains of bilateral hip pain, right greater than left. Patient has a history of left hip total hip arthroplasty 10 years ago. It was noted the patient will need a total right hip replacement at some point in the future, but is not ready for 1 unit. Objective findings revealed significantly reduced range of motion at the bilateral hip, right worse than left and weakness with some pain. Patient was prescribed Voltaren gel, Norco 5/325 mg #30 with one refill. A request for Voltaren gel #30 with 1 refill was non-certified a utilization review on 09/05/14 with the reviewing physician noting that topical NSAIDs are indicated for pain secondary to osteoarthritis and tendinitis of the knee and elbow are other joints that are amenable to topical treatment. In this case, ongoing use of Voltaren for hip osteoarthritis or lumbar radiculopathy as diagnosed is not supported by guidelines and recommendations. This medication is not recommended for use in areas amenable to topical treatments such as the hip or lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Voltaren gel #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The CA-MTUS Guidelines for topical analgesics states NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, the patient is being treated for hip pain, which would not be amenable to treatment with topical anti-inflammatories. The treating provider does not provide a rationale as to why the patient requires topical NSAIDs versus traditional oral agents. There is further no description of efficacy or functional benefit as a result of this topical medication use. Frequency of dosing is not specified in the request. As such, the request for Voltaren gel #30 is not medically necessary and is non-certified.