

<b>Case Number:</b>	CM14-0179716		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of December 10, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; opioid therapy; and topical Voltaren. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for topical Voltaren gel, stating that the applicant did not have evidence of knee arthritis for which Voltaren would be indicated. The applicant was 60 years old, the claims administrator reported. In a January 28, 2014 progress note, the applicant presented with ongoing complaints of low back pain radiating into the legs, lower extremity paresthesias, and chronic knee pain. The applicant had bilateral knee pain complaints; it was noted on this occasion. The applicant was reportedly using Vicodin, Lyrica, Glucosamine, Lidoderm, and Protonix. It was stated that the applicant had discontinued Soma. The applicant was given diagnoses of chronic knee pain, knee chondromalacia, and knee pain status post arthroscopic medial meniscectomy of the left knee, depression, anxiety, chronic low back pain, possible fibromyalgia, and myofascial pain syndrome. Multiple medications were renewed. The applicant's work status was not furnished. In a July 16, 2014 progress note, the applicant reported ongoing complaints of knee pain. The attending provider stated that the applicant was employing glucosamine for arthritis of the knees. The attending provider posited that the applicant's Voltaren gel and, in combination with Norco, was reportedly ameliorating the applicant's ability to perform activities of daily living including sitting, standing, walking, performing household chores, doing laundry, and doing some home exercises. Multiple medications were refilled, including the Voltaren gel at issue. The applicant's work status was not furnished.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Tube of Voltaren Gel 1%:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application. The knee, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, is in fact, a joint deemed amenable to topical application. Here, the applicant is 62 years old, has a history of prior knee surgery, and has, per the treating provider, been given presumptive diagnoses of arthritis of the bilateral knees. The attending provider has stated, furthermore, that previous usage of Voltaren gel has attenuated the applicant's pain complaints and ameliorated the applicant's ability to sit, stand, perform household chores, do home exercise, and do laundry. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.