

<b>Case Number:</b>	CM14-0211270		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 3/14/2012. Per panel qualified medical re-evaluation dated 6/12/2014, the injured worker complains of pain in low back, bilateral hips, and bilateral knees. She also complains of gastric upset, vomiting blood at least two to three times a week, depression and anxiety. Her initial injury was to the right knee due to a twist while walking. Diagnoses include 1) right knee advanced osteoarthritis 2) left knee moderate to advanced osteoarthritis 3) claimed low back strain and sprain, left hip pain secondary to right knee condition 4) internal medicine claim 5) psychiatric claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED-Voltaren Gel XR (Diclofenac ER 100mg) 1.3% apply BID #30.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured worker has advanced osteoarthritis of the knees, and may be a candidate for total knee replacement. Voltaren Gel is supported by the MTUS Guidelines for the relief of osteoarthritis pain in the knees for up to 12 weeks. The medical reports provided for review do not indicate that she has been utilizing this topical NSAID chronically. The request for MED-Voltaren Gel XR (Diclofenac ER 100mg) 1.3% apply BID #30 is medically necessary.