

Case Number:	CM15-0012719		
Date Assigned:	01/30/2015	Date of Injury:	03/11/2011
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 03/11/2011. She has reported bilateral knee pain. The diagnoses have included tricompartmental osteoarthritis bilateral knees, lumbar spine degenerative disc disease. Treatment to date has included medications, viscosupplementation to the left knee, physical therapy, and surgical intervention. A progress note from the treating physician, dated 12/18/2014, documented a follow-up visit with the injured worker. The injured worker reported continued bilateral knee pain; and low back pain. Objective findings included pain diffusely about the right knee; antalgic gait; and uses cane. The treating physician administered a Monovisc injection to the right knee without complications. The treatment plan has included a prescription for Voltaren Gel 1 Percent; and follow-up evaluation as scheduled. On 12/30/2014 Utilization Review noncertified a prescription for Voltaren Gel 1 Percent. The CA MTUS was cited. On 01/21/2015, the injured worker submitted an application for IMR for review of a prescription for Voltaren Gel 1 Percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac gel 1% is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself the top treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are industrial injury to the left the left knee arthroscopic surgery November 2011 showing tricompartmental osteoarthritis; history discuss supplementation left knee with Synvisc June 2012 and January 2013; lumbar spine degenerative disease; right knee MRI with severe patellofemoral chondromalacia and a chondral flap tear involving lateral femoral condyle. The documentation from a single December 18, 2014 progress note does not discuss the use of any topical creams. The documentation does not contain a clinical indication or rationale for the use of diclofenac gel. Consequently, absent clinical documentation with a specific clinical indication and rationale for the use of diclofenac gel 1%, diclofenac gel 1% is not medically necessary.