

Case Number:	CM15-0114144		
Date Assigned:	06/22/2015	Date of Injury:	02/11/2008
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female with an industrial injury dated 09/08/2010. Her diagnoses included other specified disorders of bursa and tendons in shoulder region, cervical spinal stenosis, cervicgia, pain in joint involving lower leg and osteoarthritis. Prior treatment included physical therapy and medications. She presents on 06/03/2015 with complaints of pain in both knees. She was continuing to work. She had some worsening soreness in the knee after going up and down stairs at work. The provider documents the injured worker had not done well in the past with Norco and Vicodin as they gave her a headache. She has been on Lodine for about 18 years. She was "wondering" if there was something topical she could try. Physical exam of the right knee showed no instability with trace effusion. There was pain to palpation of the medial joint line. There was full range of motion. The plan of care was for Voltaren gel, continue physical therapy and continue working. The request is for topical Voltaren gel quantity 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren Gel Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics , NON-SELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as lumbar spine pain and Knee pain. Therefore, request for Voltaren gel 1% is not medically necessary.