

<b>Case Number:</b>	CM15-0125070		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 59-year-old female, who reported an industrial injury on 4/4/2011. Her diagnoses, and or impression, were noted to include: right hip sprain/strain and superior labrum tear; right knee meniscus tear and degenerative changes; bilateral plantar fasciitis; low back and sacroiliac sprain/strain; and non-industrial left knee sprain/strain. No current electrodiagnostic or imaging studies were noted; however, the medical records note magnetic resonance imaging studies of the right knee on 6/19/2015, post-date of this Utilization Review. Her treatments were noted to include diagnostic studies; medication management; and rest from work. The progress notes of 5/26/2015 reported a follow-up visit for right knee and bilateral foot pain; that the accepted body parts for this claim include the right hip, right knee and bilateral feet; expressed complaints of increased pain in her right knee that is also with clicks; and the expressed consideration for surgery. Objective findings were noted to include: tenderness and positive McMurray's sign in the right knee and review of the 2/23/2011 magnetic resonance imaging studies of the right knee. The physician's requests for treatments were noted to include the continuation of Voltaren Gel for the right knee arthritis and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 4 grams to QID, #100 grams per tube #5 tubes per month with 2 refills ( 16 tubes for 3 months):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** He sustained a work injury in April 2011 and continues to be treated for right knee pain. Ibuprofen was prescribed in 2013 with only limited benefit. When seen, prior injections had only provided a months' pain relief. She was considering surgery. Physical examination findings included right knee tenderness with warmth and positive McMurray testing. Authorization for an additional testing was requested. Topical Diclofenac was refilled. The claimant was not taking any other oral medication. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (Diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the right knee amenable to topical treatment with limited response to oral and injection anti-inflammatory medications. The request was medically necessary.