

Case Number:	CM15-0171725		
Date Assigned:	09/14/2015	Date of Injury:	06/29/2007
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old who sustained an industrial injury on 06-29-2007. Diagnoses include status post left total knee replacement with chronic pain and lumbar sprain-strain with degenerative disc disease and facet disease. A physician progress note dated 07-28-2015 documents the injured worker has continued knee pain and low back pain, and she does try to use ice for the knee pain and low back pain. Her left knee is tender to palpation with no laxity. Lumbar spine shows flexion at 70 degrees, extension 10 degrees and right and left bending 10 degrees with a negative straight leg raise and negative Faber. "Her Flector patch was denied." Current medications were not listed. A physician progress note dated 05-11-2015 documents that the injured worker is stable. "There is no change." Lumbar spine range of motion is restricted. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, use of ice and status post total left knee replacement. On 04-23-2015 lumbar spine x rays showed minimal osteophyte formation otherwise no evidence of compression deformity of significant degenerative disc loss. The treatment plan includes continuation of her home exercise program, use of ice and she is to return to clinic as needed. On 08-07-2015 the Utilization Review modified the request for Voltaren gel 100g #2 with 2 refills to Voltaren gel 100g #1 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel100g #2 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical analgesics for several months (Flector). Long-term use of topicals is not recommended. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.