

Case Number:	CM15-0071849		
Date Assigned:	04/22/2015	Date of Injury:	12/18/2003
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 40 year old female, who sustained an industrial injury on 12/18/03. The injured worker has complaints of lumbar spine pain and bilateral knee pain. The diagnoses have included bilateral lumbar strain, left greater than right, with radiation to the hips, left worse than right; rule out internal derangement of the hips versus lumbar radiculopathy; left knee strain, chronic, status post two arthroscopies with persistent residual and chronic right knee strain. Treatment to date has included magnetic resonance imaging (MRI) of the right and left hip; bilateral knee braces as needed; right ankle brace as needed; transcutaneous electrical nerve stimulation unit; Effexor; opana; Lidoderm patches; voltaren gel and Prilosec/omeprazole. The request was for voltaren gel 1%, 100 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. 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. Voltaren gel is used in the treatment of osteoarthritis. Documentation in the medical record does not support the diagnosis of osteoarthritis. Treatment with voltaren gel is not indicated. The request is not medically necessary.