

Case Number:	CM15-0090385		
Date Assigned:	05/14/2015	Date of Injury:	10/09/2012
Decision Date:	06/16/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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 44 year old female, who sustained an industrial injury on 10/09/2012. She reported she developed left knee and leg pain and swelling from repetitive activity. Diagnoses include patellar tendinosis, patellofemoral chondromalacia bilaterally, and small chondrial fissure near the lateral left patella facet. Treatments to date include activity modification, physical therapy, corticosteroid injection, viscosupplement injections, and anti-inflammatories, analgesic, and oral steroids. Currently, she complained of bilateral knee pain, left greater than right. A trial use of Voltaren gel was reported to have been successful at relieving symptoms. It was documented that Ultram was not tolerated, it was discontinued. On 3/17/15, the physical examination documented tenderness along bilateral knee and peri-patellar areas bilaterally. The gate was antalgic. The medical records indicated that she was being considered for knee surgery. The plan of care included Voltaren Gel (diclofenac sodium topical gel) 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Potassium Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 cervical spine pain, shoulder and knee pain. There is no evidence of osteoarthritis. In addition, there is no documentation about trial and/or failure of oral NSAIDs. Therefore, the request for Voltaren gel 100gms with 5 refills is not medically necessary.