

<b>Case Number:</b>	CM15-0094297		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 75-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 26, 2002. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for extended-release Voltaren. The claims administrator referenced a March 10, 2015 progress note in its determination. Protonix and Ultram, it was incidentally noted, were approved. The applicant's attorney subsequently appealed. In a progress note dated March 10, 2015, the applicant reported ongoing complaints of knee pain. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant had undergone a failed total knee arthroplasty, it was acknowledged. Voltaren, Protonix, Ultram, and the applicant's permanent work restrictions were seemingly renewed. Little-to-no discussion of medication efficacy transpired. In another section of the note, it was stated that the applicant was gradually deteriorating over time. In an earlier note dated February 10, 2015, the applicant reported gradually worsening knee pain and instability. Voltaren, Protonix, and Ultram were again renewed as medications, as were the applicant's permanent work restrictions. The attending provider again stated that the applicant's medications were beneficial but declined to elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 3/10/15) Voltaren XR 100mg #30: 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), Diclofenac Sodium (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** No, the request for extended-release Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing usage of oral Voltaren. The applicant's permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing usage of Voltaren. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as tramadol. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, again despite ongoing Voltaren usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.