

Case Number:	CM14-0168946		
Date Assigned:	10/17/2014	Date of Injury:	10/25/1998
Decision Date:	10/27/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a 60-year-old female worker who was injured on 10-25-1998. The medical records indicated the injured worker (IW) was treated for cervicobrachial syndrome; adhesive capsulitis; impingement syndrome; lateral epicondylitis; and knee degenerative joint disease. The progress notes (9-11-14) indicated the IW had bilateral knee pain rated 7 out of 10, worse with prolonged activity. Medications included Tramadol 50 mg and gabapentin 300mg. She was unable to tolerate oral NSAIDs due to gastrointestinal upset. Medications reduced pain from 9 out of 10 down to 5 out of 10, allowing for exercise and work duties without side effects. She previously completed four of five Supartz injections with benefit. She was on modified duty. On physical examination (7-25-14 and 9-11-14 records) there was myospasm of the bilateral superior trapezius. Range of motion of the bilateral knees was painful and 65% of normal. There was patellofemoral crepitation, medial joint line tenderness and effusion bilaterally. An earlier evaluation (12-20-13) stated the IW had left knee arthroscopies (2003 and 2010), an unknown number of physical therapy sessions, right knee arthroscopy (2012) and Orthovisc and Supartz injections, which were helpful, and acupuncture, which was also helpful. The treatment plan involved continuing current medications, a trial of Voltaren gel due the IW's intolerance of oral NSAIDs, acupuncture and home exercise. A Request for Authorization dated 9-15-14 was received for Voltaren gel 1%, #3; apply to the neck and the knees as needed. The Utilization Review on 9-22-14 non-certified the request for Voltaren gel 1%, #3, as studies have shown the transdermal preparations of NSAIDs have the same effectiveness and same incidence of side effects as oral NSAIDs of the identical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Voltaren gel 1%, #3 to be applied to the neck and the knees as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's desk Reference, 68th ed. www.RXList.com.

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

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review supports the use of this medication as the structure of the knees lend themselves to topical treatment. I respectfully disagree with the UR physician's assertion that the use of this medication is not optimal, per the citation above, it is indicated for the injured worker's bilateral knee osteoarthritis. The request is medically necessary.