

<b>Case Number:</b>	CM13-0039223		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] teacher who has filed a claim for chronic knee, low back, and foot pain reportedly associated with an industrial injury of March 18, 2008. Thus far, she has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior total knee arthroplasty; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. The applicant has been declared permanent and stationary. In a Utilization Review Report of September 30, 2013, the claims administrator certified a request for Voltaren 100 mg #30, denied a TENS unit, and denied three sessions of physical therapy, citing non-MTUS ODG Guidelines behind the decision for the TENS unit. The applicant's attorney subsequently appealed. A subsequent progress note of December 17, 2013 is notable for comments that the applicant reports 7-8/10 knee, low back, and hip pain, 7-8/10. The applicant is on Norco for pain relief. The applicant is approved for Social Security Disability. She is moving about with the aid of a cane. Limited knee range of motion is noted. The applicant is asked to obtain a TENS unit, employ topical compounds, volunteer, follow up with psychiatry, and obtain physical therapy. An earlier note of September 18, 2013 is notable for comments that the applicant should obtain a TENS unit and needs three sessions of physical therapy to help her learn how to use it. Voltaren was introduced for inflammation on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Diclofenac Sodium (Volt.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 71.

**Decision rationale:** The request for Voltaren and diclofenac did represent a first-time request for the same. The applicant does carry a diagnosis of knee arthritis for which Voltaren or diclofenac is indicated, per page 71 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original Utilization Review decision is overturned. The request is retrospectively certified.