

<b>Case Number:</b>	CM13-0040544		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/26/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 31 year old woman who sustained a work related injury on February 26, 2011. She subsequently developed chronic pain and damage to both knees. According to the progress notes of June 6, 2013 and September 4, 2013, the patient continued to have knee pain with pain rating scale of 7/10. The pain is aggravated by activity. The patient was treated with right knee injection and topical medications. Her physical examination demonstrated pain and weakness in her right rectus, femoris. Her knee range of motion was reduced. The patient was diagnosed with right enthesopathy. The patient was treated with Vicodin, Ibuprofen and physical therapy. According to the note of [REDACTED] dated on December 11, 2013 the patient's gait improved. She still has mild right knee tenderness and swelling. The strength remained 3/5. The provider requested authorization to use Voltaren Gel to treat the patient's knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel prescription:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure or intolerance of NSAID (Ibuprofen) oral medication for the treatment of pain. Duplication of the use of Voltaren gel and Ibuprofen may increase the risk of GI adverse reaction. Therefore, the request for topical analgesic Voltaren Gel is not medically necessary and appropriate.