

<b>Case Number:</b>	CM13-0056276		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/09/2009
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 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/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 injured worker is a 40-year-old male who reported an injury on 10/09/2009. The mechanism of injury was not stated. The injured worker is diagnosed with ankle/foot joint pain and RSD of the lower limb. The injured worker was evaluated on 11/01/2013. The injured worker reported minimal relief with the current medication regimen. Physical examination on that date revealed a slow and left-sided antalgic gait, 5/5 motor strength throughout the bilateral upper and lower extremities with the exception of the left foot and ankle area, positive allodynia, hyperalgesia at the surface of the left foot and ankle and a left foot scar with protruding metal hardware. Treatment recommendations included a prescription for Voltaren external gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1% WITH FIVE (5) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1%. Page(s): 112.

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

**Decision rationale:** The California MTUS Guidelines state that the only FDA-approved topical NSAID is Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. As per the

documentation submitted, the injured worker does not maintain a diagnosis of osteoarthritis. There was also no frequency or quantity listed in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.