

<b>Case Number:</b>	CM14-0000459		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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:

This 55 year-old male sustained an injury when he sustained a right lower leg/shin contusion after being struck by a rubber disk on 3/13/08 while employed by [REDACTED]. Request under consideration include Voltaren 1% Qty. 5. Conservative care has included medications, knee injections, and antibiotic treatments. Report of 11/18/13 noted patient with complaints of right lower extremity pain and left hip pain. Sleep remained poor and activity level remained unchanged. Exam showed right knee with compression stocking; range is restricted with flexion of 90 and extension of -5 degrees limited by pain complaints; tenderness over medial joint line; pes anserine extending down entire right lower extremity from knee down; moderate right knee effusion; right calf hypertrophy relative to left; strength of 4/5 with knee flexion; sensory decreased over lateral/medial foot and medial/lateral calf bilaterally. Diagnoses included entrapment neuropathy of lower limb; edema/venous insufficiency; hip bursitis; and pain in joint/lower leg. Request for above analgesic topical gel was non-certified on 12/16/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Qty. 5:** Upheld

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

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

**Decision rationale:** Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in March 2008. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted poor sleep with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren 1% Qty. 5 is not medically necessary and appropriate.