

<b>Case Number:</b>	CM14-0003675		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	02/21/2000
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Family 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 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 injured worker's date of injury is February 21, 2000. The patient is receiving treatment for chronic right knee pain. The only documentation received from the treating physician is contained in the Authorization for Medical Treatment dated December 23, 2013. The patient's diagnosis is right knee osteoarthritis, post-traumatic. There is no record of treatment tried and failed. There is no recording of the findings on physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VOLTAREN GEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

**Decision rationale:** Voltaren gel contains diclofenac, an NSAID. Topical analgesics are considered experimental when used to treat chronic pain, as their safety and efficacy has not been demonstrated in clinical trials. They may be indicated to treat neuropathic pain, when oral antidepressants and anticonvulsants have failed. This patient has chronic pain and osteoarthritis. The request for Voltaren gel is not medically necessary.

