

<b>Case Number:</b>	CM14-0038774		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/16/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 2/16/00 date of injury. At the time (2/14/14) of the request for authorization for Voltaren gel 1% #1, there is documentation of subjective findings of chronic low back and left knee pain, she also notes swelling in the knee and objective findings of diffuse slight tenderness to palpation along the anterior joint line and around the patella, range of motion limited with pain/guarding. The current diagnoses are lumbar disc displacement without myelopathy, cervical disc displacement, acquired spondylolisthesis, and stenosis spinal lumbar. The treatment to date includes medication including Voltaren gel for at least 4 months. In addition, there is documentation that given that the patient has a history of irregular heart-beats, it was felt that oral NSAIDs should be avoided which might lead to further complications. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, cervical disc displacement, acquired spondylolisthesis, and stenosis spinal lumbar. In addition, there is documentation of treatment with Voltaren gel for at least 4 months and contraindications to oral NSAIDs. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of treatment with Voltaren gel for at least 4 months, there is no documentation of short-term use (4-12 weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Voltaren gel. Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel 1% #1 is not medically necessary.