

<b>Case Number:</b>	CM14-0039155		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 is a 35 year old female claimant, who sustained a work related injury on 2/1/11 involving the neck, foot and back. She was diagnosed with cervical radiculopathy and a right trabecular bone fracture as well as thoracic strain. A progress note on 11/14/13 indicated she had neck paravertebral tenderness, spasms and reduced range of motion. There was tenderness in the 4th-5th metatarsal bone and over the right ankle. A progress note on 1/16/14 indicated she had neck paravertebral tenderness, spasms and reduced range of motion. There was tenderness in the 4th-5th metatarsal bone and over the right ankle. Her pain and spasms were treated with Morphine, Belladonna, Ibuprofen, Neurontin, Norco, Robaxin and topical Voltaren gel (4 times daily). The Voltaren gel had been used for several months to the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 9, 74, 78-97, 111-112.

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

**Decision rationale:** Voltaren gel is a topical NSAID. According to the MTUS guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, there has been no improvement in pain or function while on Voltaren and several other pain medications. The claimant has been using Voltaren for several months. The continued use of Voltaren 1% gel is not medically necessary.