

<b>Case Number:</b>	CM15-0144918		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 77-year-old female who sustained an industrial/work injury on 2-24-14. She reported an initial complaint of pain to left great toe and left knee. The injured worker was diagnosed as having posterior tibial tendon dysfunction, left ankle, and degenerative joint disease at the first metatarsal phalangeal joint, left foot. Treatment to date includes medication, orthotics, and diagnostics. X-ray results were reported on 2-14-14 of the left great toe showed joint space narrowing of the first MTPJ. Currently, the injured worker complained of intermittent pain to the left big toe rated 6 out of 10. Wearing tight shoes causes pain to increase. There was intermittent pain to the left knee rated 7-8 out of 10 along with instability. Per the primary physician's report (PR-2) on 5-7-15, exam noted pain and edema improved with use of orthotics, positive for valgus also she indicates big toe catches while walking. The left knee has pain at the medial joint line and patella femoral joint, flexion at 100 degrees, and extension at 0 degrees. The requested treatments include Voltaren 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%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and Topical analgesics.

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

**Decision rationale:** The patient was injured on 02/24/14 and presents with pain in her left big toe and her left knee. The request is for VOLTAREN GEL 1%. The RFA is dated 06/16/15 and as of 05/06/15, the patient is to return to full duty on 05/06/15. There is no indication of when the patient began using this topical. MTUS Chronic Pain Medical Treatment Guidelines page 111 states the following regarding topical analgesics: "largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use." The patient is positive for valgus, her big toe catches while walk, and she has pain at the medial joint line and patella femoral joint. She is diagnosed with posterior tibial tendon dysfunction of the left ankle and degenerative joint disease at the first metatarsal phalangeal joint of the left foot. Treatment to date includes medication, orthotics, and diagnostics. In this case, the patient does present with tendon dysfunction, as indicated by MTUS Guidelines. However, MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. Due to lack of documentation of efficacy, the requested Voltaren Gel IS NOT medically necessary.