

<b>Case Number:</b>	CM15-0160898		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 38-year-old female, who sustained an industrial injury on 5-11-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right ankle tendon tear, status post repair on 3-9-15, status post ankle fracture and surgical fixation, lumbago, and right knee pain. Treatments to date include activity modification, medication therapy, TENS unit, and physical therapy. Currently, she complained of ongoing pain rated 9 out of 10 VAS without medication and 7 out of 10 VAS with medications. Current medications listed included Lyrica, Norco, and Nortriptyline HCL. On 6-26-15, the physical examination documented lumbar tenderness, right knee crepitus and positive McMurray's test, and tenderness in the right ankle. The plan of care included Voltaren Gel 1% with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #100 with 3 refills:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the Lidocaine gel for several months prior. Long-term use of topical analgesics is not medically necessary. The claimant was not diagnosed with arthritis. There are diminishing effects after 2 weeks. The Voltaren gel with additional 3 months refill is not medically necessary.