

<b>Case Number:</b>	CM15-0169381		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 65 year old male, who sustained an industrial injury on July 5, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post left patellar fracture at maximum medical improvement. Treatment to date has included home exercises, topical analgesics and diagnostic studies. On August 12, 2015, the injured worker reported that his knee symptoms persist. The pain was rated as a 4 on a 1-10 with topical analgesics but can decrease to a 2 on the pain scale. He uses Voltaren gel for pain relief. The treatment plan included Voltaren gel and icing as needed. On August 21, 2015, utilization review denied a request for Voltaren gel 100-gram tubes quantity of three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 100 Gram Tubes Qty 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Voltaren gel in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.