

<b>Case Number:</b>	CM15-0187161		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/16/1999
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic knee and elbow pain reportedly associated with an industrial injury of September 16, 1999. In a Utilization Review report dated August 2, 2015, the claims administrator failed to approve a request for Voltaren gel. A July 22, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 22, 2015, the applicant reported ongoing complaints of knee and elbow pain. The applicant was using Biofreeze gel and Tylenol for the same, it was stated in one section of the note. The applicant also had comorbid dyslipidemia and hypertension, it was stated. The applicant was placed off of work, on total temporary disability. Voltaren gel was seemingly endorsed for ongoing complaints of knee and leg pain. The applicant was described as having elbow epicondylitis and knee arthritis status post an earlier knee arthroplasty. A historical note of June 22, 2015 made no mention of the applicant's using Voltaren gel at this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Overturned

**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:** Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel is indicated in the treatment of small joint arthritis in joints, which lend themselves toward topical application, such as the elbow and knee, i.e., the primary pain generators here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical NSAIDs, as a whole, are indicated in the treatment of small joint arthritis and/or tendonitis of small joints readily amenable to topical application. Here, the request is framed as a first-time request for Voltaren gel on July 22, 2015. The applicant did carry operating diagnoses of knee arthritis and elbow tendonitis, i.e., diagnoses for which Voltaren gel is recommended, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the first-time request for Voltaren gel was medically necessary.