

<b>Case Number:</b>	CM15-0193357		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 56 year old female, who sustained an industrial injury on 07-16-2008. Work status not noted on recent medical records. Medical records indicated that the injured worker is undergoing treatment for chronic back pain and bursitis. Treatment and diagnostics to date has included right knee steroid injection, lumbar spine and right knee surgery, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, acupuncture, and medications. Recent medications included Atorvastatin, Cinnamon, Citracal, Claritin, Cymbalta, Fish oil, Ibuprofen, Losartan, Melatonin, Metformin, Triamcinolone cream, and Voltaren topical gel. After review of the progress note dated 06-30-2015, the injured worker presented with pain in knee returning and treating physician noted right knee has pain with lateral stress and extension. On 07-10-2015, the injured worker presented two weeks post intraarticular steroid injection of the right knee which "seemed to be helpful for two days". No objective findings noted in progress report. The Utilization Review with a decision date of 09-30-2015 non-certified the request for Voltaren gel 1%, day supply: 30, quantity: 100, refills: 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, 30 day supply, Qty 100 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Topical Analgesics.

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

**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 gel for several months and additional 4 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. The claimant was on oral NSAIDS as well and topical Voltaren for over a year. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.