

<b>Case Number:</b>	CM15-0022986		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/30/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 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 73-year-old male who reported an injury on 09/30/2004. The mechanism of injury was not specifically stated. The current diagnoses include arthritis in the left ankle, left ankle pain, and chronic pain syndrome. The injured worker presented on 01/09/2015 for a follow-up evaluation regarding the left ankle. The injured worker was utilizing a cane for ambulation assistance, as well as diabetic shoes. The injured worker reported 6/10 without pain medication and 4/10 with pain medication. Upon examination, there was an antalgic gait with full range of motion of the right ankle and decreased range of motion in all directions of the left ankle/foot. There was minor swelling at the medial and lateral aspects with pain on plantar and dorsiflexion. Current medications include Norco 5/325 mg, Voltaren 1% gel, Miralax, Omeprazole 20 mg, vitamin D, and Claritin. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/19/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel with 5 Refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state the only FDA-approved topical NSAID is Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. Although it is noted that the injured worker maintains a diagnosis of osteoarthritis, there is no documentation of objective functional improvement despite the ongoing use of this medication. Additionally, there was no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.