

<b>Case Number:</b>	CM15-0047371		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old female, who sustained an industrial injury on December 18, 2003. The injured worker was diagnosed as having lumbar strain, chronic knee strain, reflux, irritable bowel syndrome, depression and, ankle pain and weight gain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), arthroscopic knee surgery, and medication. A progress note dated March 2, 2015 the injured worker complains of low back, knee, and ankle pain, gastrointestinal (GI) upset and weight gain. Physical exam provides cervical tenderness and decreased range of motion (ROM) and tenderness on palpation of lumbar area and hips with decreased range of motion (ROM). There is swelling of the left knee with tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1% 100GRAM TUBE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.