

<b>Case Number:</b>	CM15-0049779		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	03/20/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 82-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 20, 1997. In a utilization review report dated March 7, 2015, the claims administrator failed to approve a request for Voltaren Gel. The claims administrator referenced an RFA form received on February 27, 2015 in its determination. The applicant's attorney subsequently appealed. Voltaren Gel was apparently prescribed via a handwritten form dated February 27, 2015. In an associated pain management note dated February 27, 2015, the applicant presented with neck pain, hand pain, and upper extremity paresthesias. The applicant was using Exalgo, Lidoderm patches, and oral Celebrex, it was acknowledged. The applicant was given diagnoses of cervical radiculopathy, cervicgia, status post cervical spine surgery, wrist pain, and osteoarthritis of the bilateral hands. The applicant was 82 years old. The attending provider suggested that the applicant employ Voltaren Gel for her hand arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1 Percent 100 Gram to be Applied to Hands for 2 Mins Every 6-8 Hours:**  
 Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Yes, the request for Voltaren Gel is 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 hands, one of the primary pain generators here. The attending provider did frame the request as a first-time request for Voltaren Gel, introduced on or around February 27, 2015. The applicant was 82 years old and female, in effect validating the diagnosis of hand arthritis. Introduction of Voltaren, thus, was indicated. Therefore, the request is medically necessary.