

<b>Case Number:</b>	CM14-0116236		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female with a 3/26/13 date of injury. The mechanism of injury occurred when she fell abruptly onto her knees. According to a progress report dated 4/17/14, the patient continued to have back pain, especially on the right side of her lower back. Her right knee pain persists, she is unable to go up and down stairs without pain. Objective findings: paravertebral muscles tender, spasm present, restricted lumbar range of motion, medial aspect of knees tender bilaterally, McMurray's is positive bilaterally, greater trochanter tender to palpation, range of motion of right hip decreased. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/7/14 denied the request for Voltaren gel. There was no indication the claimant has neuropathic pain and has tried and failed other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 112.

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, there is no documentation that the patient's pain has an arthritic component. In addition, there is no documentation that the patient is unable to tolerate oral NSAIDs to warrant the necessity of a topical NSAID. Therefore, the request for Voltaren 1% gel was not medically necessary.