

<b>Case Number:</b>	CM14-0134213		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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:

The injured worker is a 49-year-old male who reported an injury on 03/02/2012. The mechanism of injury was not provided. On 03/19/2014, the injured worker presented with complaints located to the left knee described as sharp mild to severe pain. Upon examination of the left knee, there was a positive McMurray's. There was no hematoma, abrasions, and deformities noted. There was small effusion present. There was tenderness to palpation over the medial joint line. A current medication list was not provided. The provider recommended Voltaren Gel 1% day supply: 14, QTY: 100, no refills. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% day supply:14, QTY: 100, no refills:** Upheld

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

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

**Decision rationale:** The request for Voltaren Gel 1% day supply: 14, QTY: 100, no refills is not medically necessary. The California MTUS Guidelines state transdermal are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants. There is little to no research to support the use of any of these agents. There is a lack of documentation that the injured worker had failed a trial of an antidepressant or an anticonvulsant. Additionally, the provider's request did not indicate the site at which the Voltaren gel was indicated for in the request as submitted. As such, medical necessity has not been established.