

<b>Case Number:</b>	CM14-0180413		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/04/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Practice 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:

55 yr. old female claimant sustained a work injury on 12/4/02 involving the left knee and low back. She was diagnosed with arthritis of the knee, lumbar stenosis, degeneration of the lumbar disk and lumbosacral spondylosis. She underwent a left knee arthorplasty in 2006 with a knee revision in 2008. A progress note on 5/29/14 indicated the claimant had 6/10 pain in the low back and left knee. He had limited range of motion of the lumbar spine and knee. The physician provided Fentanyl and Norco for pain. He had been applying Voltaren gel to the knee and back. A progress note on 9/22/14 indicated the claimant had improved daily activities due to Fentanyl and Norco use. Pain remained 7/10 with medications. Exam findings continued to show reduced range of motion in the above areas. The claimant remained on Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 2 GMS 3-4 per day to back and knee x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Voltaren Gel (Diclofenac)

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks). The Voltaren was used for several months. It had been used for the lumbar spine as well. As noted in the guidelines, it has not been evaluated for the spine. There was no improvement in pain scale or range of motion with the use of the gel. The continued and prolonged use of Voltaren gel is not medically necessary.