

<b>Case Number:</b>	CM14-0182635		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and neck pain reportedly associated with an industrial injury of March 2, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; unspecified amounts of physical therapy; and topical agents. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for Voltaren gel with multiple refills. The applicant's attorney subsequently appealed. In a progress note dated September 30, 2014, the applicant reported ongoing complaints of neck and bilateral knee pain, exacerbated by prolonged weight bearing. The applicant was given diagnoses of cervical spondylosis status post cervical fusion surgery and advanced bilateral knee arthritis. Topical Voltaren gel was renewed. The applicant's work status was not furnished. There was no mention of medication efficacy. In an earlier note dated June 10, 2014, the applicant was described as not doing well owing to ongoing complaints of neck and bilateral knee pain. The applicant stood 5 feet 6 inches tall, weighing 330 pounds. The applicant was using a walker to move about. A topical compounded lidocaine-Flurbiprofen-hyaluronic acid compound was endorsed on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Voltaren 1% Gel (5) pack with 2 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac, Functional Restoration Approach to Chronic Pain Management Page(s):.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider did not state whether an ongoing usage of Voltaren gel had previously proved affective or not. The applicant's response to previous usage of Voltaren gel was not clearly outlined. The applicant's work and functional status were not stated. All of the foregoing, taken together, did not make a compelling case for continuation of topical Voltaren. Therefore, the request is not medically necessary.