

<b>Case Number:</b>	CM15-0017164		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/05/1997
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 injured worker is a 66 year old male, who sustained an industrial injury on 12/5/1997. On 1/26/15, the injured worker submitted an application for IMR for review of Voltaren topical 1% gel. The treating provider has reported the injured worker complained of neck, back, and foot pain. The injured worker also complained of chest pain and is being seen by cardiologist for monitoring. Included were labs that demonstrate uncontrolled diabetes (A1C (hA1C) at 7.3 and treatment for multiple co-morbid conditions. The diagnoses have included diabetes, cervical spine pain syndrome. Treatment to date has included medication, lab values, EKG. On 1/16/15 Utilization Review non-certified Voltaren topical 1% gel. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren topical 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 Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

**Decision rationale:** The requested Voltaren topical 1% gel, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID's have the potential to raise blood pressure in susceptible patients. The injured worker has f neck, back, and foot pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Voltaren topical 1% gel is not medically necessary.