

<b>Case Number:</b>	CM15-0121475		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York

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 35 year old, male who sustained a work related injury on 12/26/11. The diagnoses have included chronic right knee pain, status post right knee surgery and low back pain. Treatments have included Voltaren gel, massage therapy, TENS unit therapy and use of over the counter pain relievers. In the Medical Legal Report by the Primary Treating Physician dated 6/2/15, the injured worker continues with tenderness to palpation of the right knee. He has stiffness with range of motion. He walks with a slight limp favoring right leg with ambulation. He is working. The provider states the Voltaren gel helps to reduce his symptoms and allows him to continue to work. The treatment plan includes a request for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #5 tubes with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Per CA MTUS guidelines, "Voltaren Gel 1% (diclofenac): 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus." "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. It is noted that the injured worker has been using Voltaren gel for greater than 16 months. He is noted to have difficulty taking non-steroidal anti-inflammatory medication due to nausea. There is no documentation of how often he is using the Voltaren gel or how much he is using at a time. There is no documentation of pain levels or functional capabilities from visit to visit. Since there is no documentation of a decrease in pain levels or an improvement in functional capabilities, the requested treatment of Voltaren gel is not medically necessary.