

<b>Case Number:</b>	CM15-0121865		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 47 year old male, who reported an industrial injury on 6/28/2014. His diagnoses, and or impression, were noted to include: left knee sprain with early degenerative changes and pain; left wrist pain; clinically consistent mild traumatic brain injury; and insomnia. Recent x-rays, computed tomography studies and imaging studies were done in June & July of 2014. His treatments were noted to include diagnostic studies; medication management with topical analgesics; and a return to full work duties. The progress notes of 4/24/2015 reported complaints which included persistent low back pain and left wrist pain for which he finds a specific topical gel, not Voltaren, helpful in returning to full duty work. Objective findings were noted to include: no oral pain medications; anxiety and depression; tenderness with spasms over the lumbar para-spinal muscles and bilateral facet joints; stiffness over the spine; and tenderness to the left wrist. The physician's requests for treatments were noted to include the continuation of 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 Percent:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-119.

**Decision rationale:** According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Voltaren is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. Therefore the request is not medically necessary.