

<b>Case Number:</b>	CM15-0172091		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, New York, California  
 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:

The applicant is a represented 38-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 12, 2011. In a Utilization Review report dated August 3, 2015, the claims administrator approved a request for Mobile while failing to approve a request for Voltaren gel. A July 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant reported ongoing complaints of knee pain. The applicant did have comorbid diabetes, it was acknowledged. The applicant was overweight, with BMI of 31. The applicant was described as having knee pain attributed to patellar tendonitis. Mobic, Voltaren gel, and work restrictions were endorsed. The applicant was asked to follow up in 6 weeks and consider surgery if unimproved at that point. Somewhat incongruously, the applicant was returned to regular duty work via a separate handwritten work status report dated July 21, 2015. The attending provider stated that the applicant had transferred care to his practice from another provider. On June 11, 2015, the applicant reported ongoing complaints of knee pain. Work restrictions were endorsed. The applicant was described as having suspected meniscal pathology. No seeming discussion of medication efficacy transpired. The applicant was given Motrin via an earlier note dated March 31, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel, 1 tube with no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren gel are indicated in the treatment of arthritis and/or tendonitis of the knee, elbow, and/or other small joints which are amenable to topical application. Here, the request was framed as a first-time request for Voltaren gel on a progress note of July 21, 2015. The applicant did present with a primary operating diagnosis of knee tendonitis. Introduction of Voltaren gel was indicated to ameliorate the same, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the first-time request for Voltaren gel was medically necessary.