

<b>Case Number:</b>	CM15-0072526		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 07/16/2008. On provider visit dated 03/31/2015 the injured worker has reported right knee pain. On examination of the back was noted to have pain with range of motion, right greater trochanter was noted to be very tender and right knee was noted to have tenderness around the joint line medially and at the distal patellar tendon. The diagnoses have included unspecified monoarthritis involving lower leg-right knee, bursitis, other unspecified back disorders, major depressive affective disorder recurrent episode moderate degree. Treatment to date has included acupuncture, medication and MRI's. The provider requested Voltaren gel 1% x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment as in this chronic injury. Submitted reports have not demonstrated significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. The Voltaren gel 1% x 1 is not medically necessary and appropriate.