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| <b>Case Number:</b>   | CM13-0038158 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 12/17/2002 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 08/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/27/2013 |

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in Florida, New York and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female, who reported an injury on 12/17/2002, from an unknown mechanism of injury. The injured worker had a history of headache and severe leg pain. The documentation provided was from a post-surgical follow-up visit one year ago. There was no current documentation provided. Upon examination on 03/04/2013, the injured worker stated she had severe leg pain that she felt after her headache was gone. The injured worker was very nervous of this. The injured worker had increased radicular pain in the right leg. The injured worker stated the pain in her leg was very severe and she could not tolerate it any longer. The injured worker reported she did not realize how much pain she was having in her leg until her headache had gone away. The injured workers symptoms were pain, constipation, muscle weakness, difficulty walking, difficulty falling asleep and difficulty saying asleep. The provider stated he did not see any signs of nerve injury. The provider did not want to pull out the intrathecal catheter until an MRI was done. The injured worker has diagnoses of depression, anxiety, arthritis, lumbar degenerative-disc-disease, post laminectomy syndrome, lumbar spinal stenosis. Diagnostic studies included an MRI of the lumbar spine the following day and lumbar epidural steroid injection on the right side between L4-5 and L5-S1 levels. Prior treatments were not included in the documentation. Medications included Valium 5 mg 1 tablet before MRI and second if radiologist suggest it, Medrol (Pak) 4 mg 6 tablets day one a reduce by 1 per day, Dilaudid 4 mg 1 tablet every 4 hours as needed, Reglan 10 mg 1 tablet 3 times a day as needed, Zofran 4 mg 1 tablet 2 times a day as needed, Ambien CR ER 12.5 mg 1 tablet ever night at bedtime, Nabumetone 750 mg 1 tablet twice a day, Prozac 40 mg 1 capsule every morning, Duragesic-25 Transdermal patch 72 hour 25mcg/hour take 1 transdermal patch every 72 hours, Percocet 10-325 mg 1 tablet every 3 hours, Gabapentin 300 mg 1 capsule twice a day, and OxyContin ER 40 mg 1 tablet three times a day. The treatment request was for Voltaren gel.

The request for authorization and rationale for the request were not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**VOLTAREN GEL:** Upheld

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

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

**Decision rationale:** The request for Voltaren gel is not medically necessary. The injured worker has a past history of headache and severe radiating leg pain. The injured worker also underwent surgery to the lumbar previously. The California MTUS guidelines state Voltaren Gel 1% (Diclofenac) is 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. The request does not specify the location for application of the gel. The request also does not include the frequency for the use of the gel. The documentation submitted was from a post-operative follow-up approximately one year prior. The requesting physician did not provide a recent assessment of the injured worker's condition. The provider submitted a progress note dated 03/04/2013 for review. There is no recent assessment provided for review. There was no documentation indicating the injured worker has osteoarthritis pain in joints that lend themselves to topical treatment. As such, the request for Voltaren gel is not medically necessary.