

<b>Case Number:</b>	CM13-0057775		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 physician 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 54-year-old male with a date of injury on August 1, 2008. The progress notes indicate the patient continues with chronic neck pain, radiation of pain into both arms with associated numbness in both hands. Cervical MRI performed on March 28, 2013 demonstrated disc bulging at C5 six with bilateral neuroforaminal narrowing, disc bulging at C45 without any spinal or neuroforaminal narrowing. The disputed issues are the request for Voltaren gel and Ativan

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Voltaren package insert

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

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Guidelines state that Voltaren gel 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. In the case of this injured worker, the utilization reviewer

had noncertified the request for Voltaren gel because there is no evidence for usage of this topical NSAID in spine and shoulder pain which affect this injured worker. The excerpts above from the Chronic Pain Medical Treatment Medical Guidelines confirm that Voltaren is not indicated for these body regions. Although the patient complains of upper extremity pain, there is no documentation of application in the fingers. This request is recommended for noncertification

**Ativan 1mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

**Decision rationale:** In the case of this injured worker, progress notes from November and December 2013 indicates that the patient continues on Ativan. There is a general statement that medications still work for him and he still needs them. There is no specific discussion of the indication for the Ativan, whether it be for antispasm or anti-anxiety purposes. Furthermore, the timing of usage is not in congruence with the Chronic Pain Medical Treatment Medical Guidelines, which generally limit use of four weeks. This request is recommended for noncertification.