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| Case Number: | CM13-0058424 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/11/2012 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 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 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 32-year-old individual with an original date of injury of June 11, 2012. The patient experiences pain in the low back, with radiation into the right growing and right lower extremity. There is associated numbness and tingling, and the injured worker reports a pain score of 7 out of 10 on a progress note with date of service October 21, 2013. The disputed issue is a request for Voltaren gel, which is taking in addition to Norco and Neurontin. A utilization review determination had non-certified this request stating the rationale that "this topical agent is not recommended for deep spinal structures."

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VOLTAREN GEL #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Section Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends 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. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function."In the case of this injured worker, there is documentation of low back pain with radiation to the right lower extremity. The guidelines specifically state that Voltaren gel is indicated for joints amenable to topical treatment, which does not include the spine. This request is not medically necessary.