

<b>Case Number:</b>	CM14-0005045		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational 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:

This is a 47-year-old female patient with a 10/5/01 date of injury. 12/30/13 progress report indicates persistent, moderate to severe low back pain. Physical exam demonstrates thoracic spine scoliosis, lumbar tenderness, limited lumbar range of motion. There is decreased sensation in the right L5 dermatome. Treatment to date has included medication, TENS unit, activity modification. Medic reports from 2013 were reviewed, indicating multiple prior prescriptions for Voltaren topical gel. There is documentation of a previous 1/2/14 adverse determination for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VOLTAREN GEL 1%, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Anaglesics, Pag.

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

**Decision rationale:** The CA MTUS states 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); and has not been evaluated for treatment of the spine, hip or shoulder.

However, the patient was prescribed Voltaren Gel multiple times over the course of an entire year, with no subsequent assessment of efficacy. It is unclear whether the patient has obtained pain relief, functional improvement with Voltaren Gel. It is also noted that Voltaren Gel has not been evaluated for treatment of the spine. Therefore, the request for Voltaren Gel 1%, #1 was not medically necessary.