

<b>Case Number:</b>	CM14-0018128		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Family Practice, 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 patient is a 59 year old female who sustained a work injury on 1/1/04 resulting in cervicalgia, post-laminectomy syndrome, and shoulder pain. The claimant had undergone physical therapy and had used Lidoderm Patches as well as Celebrex for pain for several months (since at least 8/13). A recent exam note on 11/11/13 indicated the claimant has poor sleep due to pain. She was unable for finish therapy due to worsening radicular pain. She was also found to have lower extremity weakness, numbness, and tingling. The treating physician continued her Lidoderm patches, Celebrex, and added Voltaren 1% gel for topical application.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VOLTAREN TOPICAL GEL 1% #2 100GM TUBES WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

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

**Decision rationale:** Voltaren gel is a topical NSAID. In this case, the claimant had been on topical Lidocaine for over 6 months. Within the medical records provided for review, there has

been no documentation of a failure of anti-depressants or anti-convulsants. In addition, there is diminishing effect of topical NSAIDS over 2weeks of use. The amount and duration of Voltaren prescribed exceeds the recommendations in the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.