

<b>Case Number:</b>	CM14-0112668		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 64 year old male who reported an injury on 9/4/09 to his lumbar spine. The mechanism of injury is undisclosed. A clinical note dated 03/04/14 indicated the injured worker complaining of low back pain radiating to bilateral lower extremities and numbness in both thighs. The injured worker was recommended for CT scan to assess possible incomplete fusion at L5 to S1. Upon exam hyperesthesia was identified at L3 and L4 dermatomes bilaterally. The injured worker utilized Voltaren gel. A clinical note dated 12/09/13 indicated the injured worker complaining of low back pain. The injured worker was prescribed Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Topical Gel 2gm #2 100gm tubes with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren Gel (Diclofenac).

**Decision rationale:** Voltaren Gel is not recommended as a first line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral nonsteroidal antiinflammatory drug

(NSAID), contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration (FDA) MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such, the request for this medication cannot be recommended as medically necessary at this time.