

<b>Case Number:</b>	CM14-0137439		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation, 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 38-year-old gentleman with a date of injury of 12/10/13. Mechanism of injury was a 15-foot fall to the ground. The patient initially injured his back and left ankle. He has ongoing symptoms from diagnoses of lumbar disc disease with radicular symptoms. He also has a PTSD diagnosis. The patient has had conservative care that has included acupuncture, meds, physical therapy, and psychologist treatment. The patient returned in follow-up on 7/18/14 with ongoing symptoms of pain and PTSD issues. At the time of evaluation, he was on Tizanidine, Naproxen, Diclofenac topical 3% gel, and Voltaren 1% topical gel. The patient was in Ramadan, and stated that he was unable to take any oral medications. Medications were submitted to Utilization Review, including topical Diclofenac/Voltaren, and Naproxen. Voltaren 1% Gel was approved, as the patient was unable to use oral meds at the time due to religious beliefs. Oral Naproxen was also approved, to be started when the patient was once again able to take oral meds. However, Diclofenac 3% was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3 percent topical gel, app to skin by top route bid #1 100gm tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac, topical Other Medical Treatment Guideline or Medical Evidence: Endo Pharmaceuticals/Novartis Product Safety Information Insert, Voltaren Gel

**Decision rationale:** The CA MTUS recommends topical NSAIDS for short-term relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist), but it has not been evaluated for treatment of the spine, hip or shoulder. ODG also corroborates short-term use recommendations, and further clarifies that Voltaren Gel is not indicated as first-line treatment. There are significant potential side effects, and this should only be considered after failure or contraindication to oral NSAIDS. Product safety information from the manufacturer recommends that Voltaren Gel not be used concurrently with oral NSAIDS due to increasing the adverse effect profile. In this case, there is no documentation suggestive of failure or contraindication to oral NSAIDS. In fact, the patient was previously on Naproxen with no report of intolerance or ineffectiveness. Another issue at hand is that, though the patient has a history of ankle injury, the primary issue at hand is the lumbar spine. Guidelines do not support use of topical NSAIDS for the spine. Finally, the UR advisor did approve Voltaren 1% Gel. It should be noted that Voltaren is the trade name for Diclofenac. There is no indication for the patient to be on two different percentage strength forms of this topical NSAID. This places the patient significantly at risk for adverse effects. It should also be noted that Naproxen should not be taken concurrently with topical Diclofenac. Medical necessity of Diclofenac 3% Gel is not established.