

<b>Case Number:</b>	CM14-0141539		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/13/1985
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Osteopathic 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 76-year-old male deputy sheriff who sustained an industrial injury on February 13, 1985. The patient is status post cervical and lumbar fusion. The patient was seen on July 17, 2014 at which time he complained of worsening back pain with radiation. On examination, the patient was focally tender at the bilateral iliac crest as well as lateral hips along the greater trochanteric. Femoral stretch test was positive. He is diagnosed with status post cervical fusion C3-C6, persistent radiculopathy right upper extremity and mild radiculopathy left upper extremity, presumed cubital tunnel syndrome bilaterally, status post lumbar fusion L3-S1 with resolved radiculopathy, bilateral trochanteric bursitis, presumed left-sided sacroiliitis, right hip pain rule out traumatic hip injury secondary to fall in December 2013 and occult fracture incomplete right femoral neck. The patient is encouraged to be on a stretching program as well as self-directed pool therapy program. Voltaren 1% topical gel and Vicodin was prescribed. Utilization review was performed on August 5, 2014 denied the request for Voltaren 1% topical gel 300gm, #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel 300gm, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** The patient's chief complaint is low back and hip pain. As noted in the references, "Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As such, the request for Voltaren 1% topical gel 300gm, #1 is not medically necessary.