

<b>Case Number:</b>	CM14-0143553		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated August 16, 2014, the claims administrator denied a request for topical Voltaren gel, reportedly being employed for the applicant's ongoing complaints of low back pain. The applicant was also using Neurontin, Flexeril, and naproxen, the claims administrator reported. In a July 30, 2014 progress note, the applicant reported ongoing complaints of low back pain with left-sided plantar fasciitis. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was suggested. The applicant's medication list included Voltaren gel, Naproxen, Neurontin, and Flexeril, it was noted. The applicant had reportedly discontinued Vicodin and tramadol on the grounds that these medications had previously generated nausea. Tenderness was appreciated about the lumbar paraspinal musculature. The applicant did exhibit an antalgic gait. Multiple medications were renewed, including the Voltaren gel at issue. It was suggested (but not clearly stated) that the applicant was being given Voltaren gel for the primary diagnosis of chronic low back pain. In a July 29, 2014 progress note, it was noted that the applicant had ongoing complaints of low back pain radiating into the left leg. Despite ongoing usage of multiple medications, including Voltaren gel, tramadol, Neurontin, Naproxen, Physical Therapy, Acupuncture, and Epidural Steroid Injection Therapy, the applicant had not been able to return to work since the date of injury, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 120gm with 5 refills.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated. It is noted, however, that the applicant has already received and has been using Voltaren gel in question for some time, despite the unfavorable MTUS position on usage of the same for low back pain, the diagnosis present here. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren gel. The applicant remains off of work. Ongoing usage of Voltaren gel has failed to curtail the applicant's dependence on other forms of medical treatment, including epidural steroid injection therapy and/or other medications such as Naproxen, Neurontin, Tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request is not medically necessary.