

<b>Case Number:</b>	CM14-0161723		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of October 12, 2012. A utilization review determination dated September 22, 2014 recommends non certification of Voltaren gel. A progress report dated September 3, 2014 identifies subjective complaints of low back pain localized across bilateral paraspinal muscles. The patient would like more physical therapy and plans on going back to work in October. Current medications include bio freeze. The patient has medication allergies to diclofenac, Lodine, and omeprazole which caused G.I. upset and other symptoms. Objective examination findings state "no significant change." The treatment plan states that the patient is unable to tolerate oral anti-inflammatories and will be trialed on Voltaren gel for the lumbar spine. Additionally, physical therapy is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Voltaren gel 1% 30 grams:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, the requesting physician has identified that the patient is unable to tolerate oral NSAIDs. The patient has had tried multiple different NSAIDs and tried proton pump inhibitor medication but still complains of G.I. upset and other symptoms. The patient is successfully limiting the use of other medications including opiates, and is working on returning to work. It is acknowledged that guidelines state that there is little evidence to support the use of topical NSAIDs in the treatment of spine complaints. However, since the patient has failed reasonable oral NSAID options, it seems reasonable to attempt a trial of this medication for the patient's current complaints. It should be noted that ongoing medical necessity of this medication would be contingent upon documentation of analgesic efficacy, specific objective functional improvement, and discussion regarding side effects. As such, the currently requested Voltaren gel is medically necessary.