

<b>Case Number:</b>	CM14-0023614		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 & 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:

The injured worker is a 50 year old worker who reported an injury on 09/01/2011. The injured worker has a history of lower backache and left shoulder pain. The injured worker was seen on 05/30/2014 for a periodic office visit. The injured worker state his pain is a 5/10 with medication and without medication a 9/10. His medication list at this time is Voltaren 1% Gel apply 4 gm affected area three times a day as needed, Flexeril 10 mg take 1 tablet at bedtime as needed, Norco 10/325 mg Take 1 tablet three times a day as needed, Trazodone 50 mg, take 1-2 tablets at bedtime as needed and Wellbutrin XL 150mg take 1 tablet daily. The injured worker states no new problems or side-effects. Last MRI on 09/22/2011 showed Multi-level hypertrophic facet changes. Findings are most pronounced at L3-4 through L5-S1. There was no evidence of disc bulge on herniation. The diagnosis is listed as low back pain, shoulder pain and lumbar facet syndrome. The injured worked is using a TEN unit 15 minutes at a time and notes 65% pain relief. The injured worker was instructed to follow up with his other doctor on 05/30/2014. The request for authorization from and rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 1% GEL #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker has a history of low back pain and shoulder pain as a 5/10 with medication and a 9/10 without medication. California Medical Treatment Utilization Schedule (MTUS) states that Voltaren gel is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment to include the ankle, elbow foot, hand, knee, and wrist. The Guidelines state that Voltaren gel has not been evaluated for the treatment of the spine, hip or shoulder. The injured worker has low back and shoulder pain complaints and the request does not specify the location for application for the proposed gel. However, given the injured work's complaints the low back and shoulder are not recommended locations for use. Due to the lack of documentation needed the request is not medically necessary.