

<b>Case Number:</b>	CM14-0049599		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old male who has submitted a claim for intermittent pain related affective disorder, chronic low back pain, intermittent severe exacerbation of back pain, chronic compensatory intermittent muscle spasm, and less than desired response to spinal interventions; associated with an industrial injury date of 08/28/1998. Medical records from 2012 to 2014 were reviewed and showed that patient complained of low back, graded 6-7/10, radiating to the thighs. Medications decrease pain from 7-8/10 to 4-5/10. Pain is aggravated by bending, twisting, and lifting; and improved with rest and sleep. Physical examination showed that patient continued to have pain at L4-L5 with paravertebral muscle and radiation down both legs. Range of motion of the lumbar spine was limited due to pain. No gross neurological abnormalities were noted. The patient had a normal affect. Treatment to date has included medications, and physical therapy. Utilization review, dated 03/28/2014, denied the request for Voltaren gel because the patient's subjective findings of chronic low back pain do not meet the guideline criteria for this medication; and denied the request for urine drug screening because reports indicated that a urine drug screen had been performed on 01/02/2014, and an additional screen was not warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% 100 g:** 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): 112.

**Decision rationale:** According to page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, Voltaren Gel was being prescribed since February 2014. However, there was no documentation of continued functional benefit with this medication. Furthermore, guidelines do not support use of Voltaren gel for the spine. Therefore, the request of Voltaren 1% 100 g is not medically necessary.

**Urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as he was diagnosed with pain related affective disorder. Urine drug tests have been performed on 01/02/2014, and guidelines recommend 2 to 3 urine drug screenings per year given that the patient is moderate risk for drug abuse. Therefore, the request of urine drug screen is medically necessary.