

Case Number:	CM14-0050820		
Date Assigned:	07/07/2014	Date of Injury:	08/24/2009
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 69-year-old female with an unknown injury reported on 08/24/2009. On 02/21/2014, her diagnoses included chronic pain syndrome, dysthymic disorder, muscle pain, numbness, lumbar spondylosis, lumbar degenerative disc disease, and low back pain. Her medications included Voltaren gel 1%, gabapentin 300 mg, Cymbalta 60 mg, and Naproxen 550 mg. Her primary complaint was low back pain, which was reduced by 60% subsequent to a lumbar epidural steroid injection. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Voltaren Gel (diclofenac sodium topical gel) 1% is not medically necessary. The California MTUS Guidelines refer to topical analgesics as "largely

experimental with few randomized controlled trials to determine efficacy or safety." They are primarily recommended for "neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Voltaren gel is the only FDA approved NSAID for topical application. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, including the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The documentation submitted reveals that as of 02/21/2014, this injured worker had been using Voltaren gel topically for 3 months, which exceeds the guideline recommendations. Additionally, there was no body part specified to which the gel should have been applied nor was there a quantity or frequency of application included in the request. Therefore, the request for Voltaren Gel (diclofenac sodium topical gel) 1% is not medically necessary.