

<b>Case Number:</b>	CM14-0055884		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/06/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 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:

This patient is a 37 years old female, Date of Injury 7/08/06. Subsequent to the injury she has developed chronic low back pain with leg radiation. MRI findings are consistent with L5-S1 neuroforaminal stenosis. She has stated that she prefers to avoid oral medications and was utilizing only biofreeze and 1% topical Voltaren gel. When utilizing this combination she was not taking any oral analgesics and she was attempting to increase her exercise capabilities. Subsequently she has had to start on Norco at night due to increased pain after stopping Voltaren gel. She is not taking oral NSAIDs (Non-Steroidal Anti Inflammatory Drugs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gell 1% 60 grams:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** MTUS Guidelines document that topical Voltaren is useful for chronic inflammatory conditions, but they also point out that Voltaren gel has not been studied for use on the spine. However, the Guidelines do not completely bar its use on the spine if there is clear

evidence of benefits. Considering it medically necessary is reasonable under these unique circumstances where the gel has allowed for discontinued use of oral opioids. If oral medications become necessary in addition to the gel one could again question its effectiveness, but at this point in time it is medically reasonable to consider the Voltaren Gel 1% medically necessary.