

<b>Case Number:</b>	CM14-0056006		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/24/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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 47 year old male who was injured on 06/14/2006 when he used a dilly to take a keg of beer up a flight of stairs while making a delivery. He sustained an injury to his low back. He has been treated conservatively with TPIs which gave him 50% relief for 3 weeks. The patient underwent lumbar spinal surgery in 2011 with anterior and posterior fusion of L5-S1. According to the UR, physician review dated 04/22/2014 states the patient complained of low back pain. He has diagnoses including degeneration of the lumbar or lumbosacral spine; failed lumbar spine surgery; myalgia and myositis, unspecified; lumbosacral spondylosis with myelopathy; and myospasm. The patient was recommended Voltaren gel 1%. Pain management note dated 05/25/2014 indicates the patient complained of constant achy pain in the low back radiating to the left hip, lateral thigh, leg and bottom of the foot. He reported his medications were not helping except for Voltaren gel 4-5 times a day helped decrease his pain about 50%. He has been taking Norco 4 tablets a day, Nucynta ER 100 mg. On exam, he has positive tenderness bilaterally of the lumbar paraspinals above the surgical incisions. Lumbar spine range of motion revealed forward flexion to 30 degrees with end-range pain, extension to 5 degrees with end-range pain; dural tension signs positive on the left; negative on the right. The assessment is failed back surgery syndrome and chronic pain syndrome. Prior utilization review dated 04/23/2014 states the request for Voltaren Gel 1% is denied as there is no evidence warranting this treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Topical analgesics NSAID .

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends the use of topical NSAIDs as a second line treatment for pain symptoms whether acute or chronic. The medical records document that the patient had significant relief with use of the Voltaren Gel in the past. Further, the documents show that she has tried other medications that gave her minimal relief. Based on the Chronic Pain Medical Treatment Guidelines criteria as well as the clinical documentation stated above, the request is medically necessary.