

<b>Case Number:</b>	CM14-0089056		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and multiple epidural steroid injections. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for diclofenac gel and apparently approved a request for tramadol. The applicant's attorney subsequently appealed. In an appeal letter dated June 16, 2014, the attending provider stated that the applicant was using Voltaren gel for lumbar "facet arthropathy." The applicant was described as using oral Ultracet and topical diclofenac. The attending provider posited that the applicant had developed dyspepsia with oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5 percent 60gm TID anti inflammatory cream prn #1 refill 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application. Diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, the primary pain generator here. In this case, the attending provider has not proffered any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on diclofenac/Voltaren for the treatment of low back pain/lumbar pain, as is present here. It is further noted that the applicant's ongoing usage of oral Ultracet effectively obviates the need for the diclofenac-containing topical agent. Therefore, the request is not medically necessary.