

<b>Case Number:</b>	CM14-0131915		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 48 year old woman sustained an industrial injury on 5/12/2009. The mechanism of injury is not detailed. Evaluations include undated electromyogram/nerve conduction studies of the bilateral upper extremities and lower back MRI. Diagnoses include right hip sprain, right trochanteric bursitis, sacroiliac dysfunction, lumbar sprain/strain, lumbar spine disc bulging, cervical spine radiculopathy, and lumbar spine radiculopathy. Treatment has included oral and topical medications, home exercise program, TENS unit, heating pads, and surgical intervention. Physician notes dated 7/15/2014 show complaints of unchanged right hip pain rated 6/10 and increased neck pain. Recommendations include Voltaren gel, Prilosec, Ultracet, Voltaren, Medrol, Lidocaine jelly, physical therapy, and activity modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Upheld

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

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

**Decision rationale:** This injured worker receives treatment for chronic hip and low back pain. This was the result of a work-related injury on 05/12/2009. The medical diagnoses include R hip strain and trochanteric bursitis, lumbar and SI strain and lumbar disc disease. This review addresses a request for a topical analgesic gel. Voltaren gel contains an NSAID. Topical NSAIDs are not recommended for the long-term management of chronic pain because clinical studies fail to demonstrate efficacy when NSAIDs are applied topically. Voltaren gel is not medically necessary.