

<b>Case Number:</b>	CM15-0147855		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include degeneration of cervical intervertebral disc, lumbar post laminectomy syndrome, lumbosacral radiculitis, lumbar radiculitis, and arthritis of the knee, knee pain, and chronic pain syndrome. Treatments and evaluation to date have included oral medications and physical therapy. The diagnostic studies to date were not indicated in the medical records. The progress report dated 06-08-2011 indicates that the injured worker had been authorized for MRIs that she planned to carry out on 06-09-2011. The medical report dated 05-26-2015 indicates that the injured worker had low back pain, with radiation of pain to the right lower extremity. It was noted that the injured worker presented for follow-up of chronic pain affecting multiple body parts related to her industrial injury. Her pain was complicated by severe depression and anxiety. The physical examination showed a slow gait, and a normal spinal posture. The medical report dated 04-28-2015 indicates that the injured worker complained of bilateral knee pain, which was related to her industrial injury. The injured worker reported that the Voltaren gel was helpful for the knee pain; however, the medication was recently denied by the insurance. The objective findings included mild distress, a normal gait, normal posture, no joint swelling, joint tenderness to palpation in the knee joint of the right lower extremity, normal range of motion of the knee, and the ability to heel and toe walk. The injured worker's work status was not indicated. The treating physician requested Voltaren 1% topical gel 100 grams #3, with two refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel 100gm #3 refill: 2:** Overturned

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

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

**Decision rationale:** The 46 year old patient complains of lower back pain accompanied by anxiety, depression and sleep issues, as per progress report dated 05/26/15. The request is for Voltaren 1% topical gel 100gm #3 refill: 2. There is no RFA for this case, and the patient's date of injury is 12/03/10. Diagnoses, as per progress report dated 05/26/15, included chronic pain syndrome, psychophysiology disorder, and degeneration of cervical intervertebral disc. The patient's problems also include knee pain, arthritis of pain, ankle pain, lumbar post-laminectomy syndrome, sciatica, lower back pain, and lumbosacral radiculitis. The patient is status post spinal surgery in 2013 and knee surgery in 2011. Medications included Norco, Gabapentin, Celexa, Colace, Metformin and Voltaren gel. The patient is disabled, as per the same progress report. The MTUS has the following regarding topical creams (p111, Topical Analgesics section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta- analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Voltaren gel is first noted in progress report dated 03/30/15. It is not clear when the medication was initiated. As per progress report dated 03/30/15, Voltaren is being prescribed for the arthritis of the knee. In progress report dated 05/26/15, the treater states that "Voltaren gel continues to provide pain relief for patient with no side effects". MTUS supports the use of topical NSAIDs for peripheral joint arthritis. Hence, the request is medically necessary.