

<b>Case Number:</b>	CM15-0164553		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 56 year old female, who sustained an industrial injury on October 11, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, surgery, physical therapy, aqua therapy, acupuncture and medication. Acupuncture was noted to help decrease his pain. The injured worker failed physical therapy and aqua therapy was only effective during the session. On July 31, 2015, the injured worker complained of lower backache. His pain level was noted to be decreased since his last visit. The pain was rated as a 4 on a 1-10 pain scale with medications and as a 6 on the pain scale without medications. The treatment plan included medication, MRI, x-ray and EMG-NCS. A request was made for Voltaren 1% gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #3 x 1 refill:** Overturned

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2004 and continues to be treated for low back pain. He underwent a lumbar spine fusion in October 2013. His past medical history includes hypertension and ibuprofen had been discontinued due to renal side effects after an increased BUN and creatinine. When seen, he appeared to be in mild pain. There was a slow and antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness, spasms, and trigger points. Facet loading and straight leg raising were positive. Fabere and Gaenslen tests were positive. There was decreased lower extremity strength and sensation. Medications were refilled. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral NSAID due to side effects medications and has localized spine pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is medically necessary.