

<b>Case Number:</b>	CM15-0165310		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, 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:

The injured worker is a 67 year old female who sustained an industrial injury on 06-22-2003. The injured worker was diagnosed with lumbar spine complex regional pain syndrome, chronic pain syndrome, DeQuervain's and foot pain. No surgical interventions were documented. Treatment to date has included diagnostic testing, podiatry evaluation and treatment, contour pillows, home care assistance and medications. According to the primary treating physician's progress report on July 27, 2015, the injured worker continues to experience pain of the lower back and feet. The injured worker rated her low back pain at 8 out of 10 and leg and foot pain at 9 out of 10 on the pain scale. Examination demonstrated an antalgic gait right greater than the left with painful feet and a cool right foot, bluish in color and decreased hair of the distal shin. There was tenderness to palpation and swelling over the lumbar spine with positive Bracelet sign, left greater than right. Current medications were listed as Norco 10mg-325mg, Naprosyn and Voltaren gel. Treatment plan consists of the current request for Voltaren gel with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100gm #1 tube with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (Non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Voltaren Gel (Diclofenac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.