

<b>Case Number:</b>	CM15-0166779		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 53 year old female, who sustained an industrial injury on 3-7-01. The injured worker has complaints of low back pain, left side greater than right. The diagnoses have included sciatica. Treatment to date has included norco; lexapro; propranolol; Topamax; voltaren and lumbar magnetic resonance imaging on 9-19-13 showed diffuse disc degeneration with 1-2 millimeter bulges at L2-3, L3-4, L4-5 and L5-S1 with mild to moderate facet spondylosis at all four levels. The request was for voltaren gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%:** 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 March 2001 and continues to be treated for low back pain. She has a history of a hemorrhagic stroke, type II diabetes, and hypertension. When seen, there had been a positive diagnostic response to lumbar

medial branch blocks and radiofrequency ablation treatment was being planned. There was a BMI of nearly 38. There was decreased lumbar spine range of motion with positive left facet loading. There was left lumbar paraspinal muscle tenderness with spasms. There was a mildly antalgic gait. Medications are referenced as decreasing pain and allowing for improved activity tolerance and sleep. 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 a history of a CVA, hypertension, and diabetes and an oral NSAID would be at least relatively contraindicated. She has localized spine pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.