

<b>Case Number:</b>	CM15-0190816		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49-year-old female, with a reported date of injury of 09-20-2011. The diagnoses include cervical strain, cervical degenerative disc disease, cervical spondylosis, acute right C5-6 radiculopathy, low back pain, status post anterior cervical discectomy and fusion at C5-6, chronic lumbar strain, congenital stenosis at L5-S1, moderate disc herniation at C4-5, moderate lumbar disc herniation at L4-5, and status post anterior cervical discectomy and fusion at C5-6. Treatments and evaluation to date have included Norco, cervical facet medial branch nerve block at right C5-6, and left C5-6 on 03-27-2015, Naproxen (allergic reaction), Lyrica, Lidoderm patch, right shoulder cortisone injection (helpful), and six physical therapy sessions for the lumbar spine with little improvement. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-10-2015 indicates that the injured worker reported neck pain with radiation into the right upper extremity and numbness and tingling in the bilateral upper extremities, right greater than left. She requested a trigger point injection into her right thumb due to pain in that area. The injured worker also reported low back pain with radiation into the mid back, with muscle spasms. On 08-12-2015, the injured worker complained of a flare-up in her condition, mostly in the trapezius area. She also complained of pain in the neck with radiation to the right upper extremity; muscle spasm; numbness and tingling in the right hand; and ongoing low back pain. The objective findings (09-10-2015) include restricted range of motion of the cervical and lumbar spine, and pain with range of motion. The treatment plan included Voltaren gel 100 grams, 2-4 grams to be applied four times a day as needed for pain and a lumbosacral support in an effort to reduce the low back pain. The

injured worker's work status was noted as permanent and stationary. The treating physician requested Voltaren gel 100mg and a lumbosacral support. On 09-22-2015, Utilization Review (UR) non-certified the request for Voltaren gel 100mg and a lumbosacral support.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Voltaren gel 100mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page 112 of 127. As reported, this gel is for the lumbar area. Per the MTUS, Voltaren Gel 1% (diclofenac) 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a worker's compensation or any patient. The request is appropriately non-certified, therefore is not medically necessary.

#### **Lumbosacral support: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

**Decision rationale:** ACOEM, Chapter 12, Low back, page 298. The intent of this brace, now four years post injury, is reportedly to help with pain. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, however note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not certified, therefore is not medically necessary.