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| <b>Case Number:</b>   | CM15-0199249 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 01/30/2012 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43 year old male with an industrial injury dated 01-30-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain, lumbar strain and thoracic strain. In a narrative progress report dated 09-15-2015, the treating physician reported 70% improvement with bilateral T11 transforaminal epidural steroid injection (ESI). The injured worker's pain range is between 1-3 out of 10. The injured worker has a self-directed stretching regimen. The injured worker improves with rest, medication and therapy. Current Medications consist of Voltaren 1%, Transdermal gel, Hydrocodone-Acetaminophen, Cyclobenzaprine, Lidocaine 5%, Celecoxib, and Omeprazole. Objective findings (09-15-2015) revealed tenderness in the cervicooccipital, cervical, paravertebral, upper thoracic paravertebral, left mid lumbar with radiation into the left hand palm with significant ulnar dominant. Treatment has included diagnostic studies, prescribed medications, physical therapy, acupuncture therapy, medial branch block and periodic follow up visits. Medical records indicate that the injured worker has been on Voltaren 1% Gel Qty: 2.00 since at least 06-16-2015. The injured worker's work status is modified duty. The treating physician prescribed Voltaren 1% Gel Qty: 2.00. The utilization review dated 09-30-2015, non-certified the request for Voltaren 1% Gel Qty: 2.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel Qty: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case there is insufficient evidence of osteoarthritis in the records from 9/15/15 to warrant Voltaren Gel. Therefore the request is not medically necessary.