

<b>Case Number:</b>	CM15-0203241		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, New York, 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 applicant is a represented 22-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for topical Pennsaid and topical Voltaren gel. The claims administrator referenced an RFA form dated September 8, 2015 and an associated office visit of October 6, 2015 in its determination. The applicant's attorney subsequently appealed. On said October 6, 2015 office visit, the applicant reported 6/10 low back pain complaints. The applicant was having difficulty tolerating work even on a part-time basis, the treating provider acknowledged. The applicant's medications include Flexeril and Tylenol, the treating provider reported. The applicant's primary pain generator was of the low back, the treating provider reported. Voltaren gel and topical Pennsaid were both endorsed on the grounds that the applicant apparently had difficulty tolerating oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% qty: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for topical Pennsaid was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that it is incumbent upon the attending provider to incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's October 7, 2015 office visit and an associated RFA form of the same date did not clearly state why the applicant is being given two separate topical Diclofenac derivatives, namely topical Voltaren gel and topical Pennsaid drops, particularly in light of the fact that the page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren (AKA Pennsaid) has "not been evaluated" for the treatment of the spine, i.e., the primary pain generator here. Therefore, the request was not medically necessary.

**Voltaren 1% topical gel qty: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** Similarly, the request for topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. The primary pain generator was lumbar spine, the treating provider reported on the October 6, 2015 office visit at issue. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for the treatment of the spine, i.e., the body part at issue here. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Tylenol and Flexeril, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical agents such as the Voltaren gel at issue. Therefore, the request was not medically necessary.