

<b>Case Number:</b>	CM15-0022276		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

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 30 year old female, who sustained an industrial injury on March 5, 2012. The diagnoses have included severe axial back pain, left leg sciatica and radiculopathy with severe degeneration of L4-L5 and grade I spondylolisthesis and disc collapse, moderate discogenic L3-L4 and depression. Treatment to date has included lumbar micro discectomies and medication. Currently, the injured worker complains of continued lumbar pain with radiation to the bilateral lower extremities. The injured worker rates the pain a 7-8 on a 10 point scale and the pain becomes a 9 on a 10 point scale with prolonged sitting, standing, walking and any bending or lifting. The injured worker notes improvement in pain to a 4 on a 10 point scale with medication. Examination of the lumbar spine reveals decreased range of motion and a positive straight leg raise on the left at 60 degrees and on the right at 50 degrees. On January 14, 2015 Utilization Review non-certified a request for Voltaren gel 1% 100 gm for the lumbar spine, noting that there is no evidence that oral pain medications are insufficient to alleviate the pain, no documentation of failed trials of first-line treatment. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Voltaren gel 1% 100 gm for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100gm for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that 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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Therefore, the request for Voltaren gel is not medically necessary.