

<b>Case Number:</b>	CM15-0034445		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

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:

This 54-year-old male reported a work-related injury on 04/22/2009. According to the progress notes dated 11/19/14, the injured worker (IW) reports he's feeling better since surgery. The IW was diagnosed with lumbar/lumbosacral disc degeneration, cervical disc displacement and depressive disorder. Previous treatments include medications, physical therapy, epidural steroid injections and surgery. He had a failed fusion at L4-5 and L5-S1 in which the hardware perforated the colon and necessitated a colonostomy. The Utilization Review (UR) on 01/25/2015, non-certified the requested services/treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100gm #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-topical analgesics-Voltaren gel (diclofenac), NSAIDS, GI symptoms and cardiovascular risk, and NSAIDs hypertension and renal function.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. Finally, guidelines do not support the use of voltaren gel for treatment of spine complaints. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.