

<b>Case Number:</b>	CM15-0054135		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/23/2008
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

### 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 37 year old female, who sustained an industrial injury on June 23, 2008. She reported a gradual development of pain in the low back, hips and knees. Treatment to date has included lumbar discectomy and fusion, physical therapy, home exercise program, opioid medications and acupuncture. An evaluation dated February 17, 2015 revealed the injured worker complained of low back pain with radiation of pain to the postero-lateral thigh and calf to the foot. She reported that her pain was worse than the previous evaluation. She has a new baby and reports having an increase in low back pain due to lifting and carrying her baby. She rated her pain with medications as a 7 on a 10-point scale and rated the pain a 9 on a 10-point scale without medications. She reported that her medications were working well and that her quality of sleep was fair. The injured worker notes that she has had significant burning pain in the lower back and groin. On physical examination the injured worker had an awkward gait. Her lumbar spine range of motion was limited by pain and she had tenderness to palpation and spasm over the lumbar paravertebral muscles. An MRI of the lumbar spine on May 29, 2013 revealed no evidence of significant central or foraminal stenosis and post-operative changes at L3-4 and L4-5 fusion. The diagnoses associated with the request post lumbar laminectomy syndrome, lumbar spine degenerative disc disease and radiculopathy. Her treatment plan included MRI of the lumbar spine with contrast, cervical epidural steroid injection, physical therapy, surgical evaluation and initiation of Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc...) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment for this chronic injury. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury of 2008. The Voltaren Gel 1% is not medically necessary or appropriate.