

<b>Case Number:</b>	CM15-0086339		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 injured worker is a 51-year-old male police officer who sustained an industrial injury to his lower back, right hip and leg on 04/04/2013. The injured worker was diagnosed with lumbar sprain/strain, lumbar facet syndrome, osteoarthritis of the hips and right trochanteric bursitis. The injured worker is status post right total hip replacement on July 2, 2014 followed by physical therapy. The injured worker was diagnosed with deep vein thrombosis post-surgery and placed on Warfarin. Treatment to date includes diagnostic testing with latest lumbar spine magnetic resonance imaging (MRI) in January 2015, hip surgery, and median branch block bilaterally to L4-L5 and L5-S1 on March 13, 2015, chiropractic therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience low back pain. The documentation noted near 100% improvement of low back pain within six hours after the recent median branch block with current return of pain. There was no radiation to the lower extremities. Kemp's test was positive bilaterally. Documentation was noted that the injured worker is unable to take oral anti-inflammatory medications due to his heart condition. Current oral analgesic medications were not documented. Treatment plan consists of radiofrequency ablation and thermocoagulation at L4-L5-S1 and L5-S1 bilaterally when approved, chiropractic therapy as authorized and the current request for topical Voltaren gel with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Voltaren Gel 300gm; apply 4gm 3 times a day; three tubes quantity: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents Page(s): 111-112.

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

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and 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). Voltaren has not been evaluated for treatment of the hip. The request for topical Voltaren gel 300gm; apply 4gm 3 times a day; three tubes quantity: 3 is determined to not be medically necessary.