

<b>Case Number:</b>	CM15-0240528		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 45-year-old female, who sustained an industrial injury on 8-13-2008. The injured worker is undergoing treatment for: cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement. The treatment and diagnostic testing to date has included: medications, AME (12-19-13, 3-11-14, 6-20-14), MRI of the cervical and lumbar spines (12-5-05), home exercise program, at least 2 sessions of aquatic therapy completed, at least 2 sessions of physical therapy, TENS. Medications have included: naproxen, gabapentin, Vicodin, Flexeril, tramadol, Voltaren gel. The records indicate she has been utilizing Voltaren gel since at least October 2015. On 10-26-15, 11-11-15, she reported continued low back pain with stiffness and spasms. She indicated her pain is increased with prolonged activities such as standing and walking. She rated her current pain 7 out of 10 and indicated it to be associated with numbness, tingling and weakness. She also reported having neck and upper extremity pain. Physical examination revealed spasm in the lumbar spine, and decreased lumbar range of motion; cervical spine range of motion is noted to be within normal ranges and have "mild tenderness". The provider noted she is using Relafen, Lexapro and voltaren gel to "address chronic back pain". There is no discussion of pain reduction with Voltaren gel. Current work status: modified. The request for authorization is for: Voltaren one percent gel, quantity one, refills six. The UR dated 11-11-2015: non-certified the request for Voltaren one percent gel, quantity one, refills six.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Voltaren 1% gel, apply as directed, usually twice a day qty: 1 refills: 5: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Voltaren (Diclofenac) gel 1%, apply as directed, usually twice a day, #1, refills five, is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnosis is radiculopathy lumbosacral region. Date of injury is August 13, 2008. Request for authorization is October 28, 2015. According to an October 26, 2015 progress note, the injured worker has ongoing chronic low back pain. The injured worker is requesting Voltaren patches, aquatic therapy, physical therapy and acupuncture. The injured worker takes Relafen. Relevant causes an increased heart rate and blood pressure. The injured worker presented to the emergency form on October 9, 2015 and received an "injection". Objectively, the injured worker ambulates with an antalgic gait. There is tenderness at the paravertebral muscles of the lumbar spine with guarding and spasm. Range of motion is decreased. Voltaren (diclofenac) gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation of osteoarthritis pain. The treating provider is prescribing diclofenac gel to the lumbar spine. Diclofenac gel is not indicated for the treatment of the spine. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, topical Voltaren (Diclofenac) gel 1%, apply as directed, usually twice a day, #1, refills five, is not medically necessary.