

Case Number:	CM14-0147555		
Date Assigned:	09/15/2014	Date of Injury:	09/16/2013
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Osteopathic Family Practice has a subspecialty in Occupational Medicine, Pain Medicine and Manipulation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30 year old male who sustained an industrial injury on 9/16/13 to his lumbar spine while lifting a power washer. He is diagnosed with sciatica, lumbar spondylosis, acquired spondylolisthesis, low back pain and spondylosis. He was seen on 8/19/14 complaining of low back pain. The patient is disabled and is not working. Orthopedic referral is awaited. Due to inability to keep Flector patch and report of no relief with Celebrex, a prescription was written for Voltaren Gel. Utilization review was performed on 8/25/14 at which time the request for Voltaren Gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100gm tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Diclofenac

Decision rationale: The request for Voltaren gel is not supported. Per the CA MTUS guidelines, Voltaren Gel 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. In this case, Voltaren ZGel has been prescribed to be used for the lumbar spine. Furthermore, Voltaren (diclofenac) has an increased risk profile. As noted in ODG, According to FDA MedWatch, postmarketing surveillance of Topical Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. If using Diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. (FDA, 2011) In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. (FDA, 2009). Given these factors, the request for Voltaren Gel is not medically necessary.