

<b>Case Number:</b>	CM14-0149843		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine 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:

There were 72 pages in this review. The application for independent medical review was for brand name prescription drugs. The application itself was not dated. The actual medicine was for diclofenac gel 3% lidocaine cream 5%. The claimant was described as a 35-year-old man who was injured on April 24, 2013. The mechanism of injury was repetitive lifting and stocking shelves a 5 gallon paint buckets. The diagnoses were chronic lumbar sprain, bilateral upper extremity overuse syndrome, right De Quervain's tenosynovitis of the left wrist sprain, rule out triangular fibrocartilage complex tear. Prior treatment included medicines and wrist brace. There was tenderness to the paraspinals and hypertonicity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC GEL 3 % LIDOCAINE CREAM 5% 180 GRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** Per the MTUS, Voltaren Gel 1% (diclofenac) 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers compensation or any patient. The request is appropriately non-certified.