

<b>Case Number:</b>	CM14-0152521		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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:

This is a 48-year-old male with a 4/19/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/31/14, the patient reported continued chronic neck and back pain and spasms with radicular symptoms in the left lower extremity. He stated that he had 8/10 pain without medications and with medications, his pain was brought down to 4/10 and allowed him to perform activities of daily living. Objective findings: tenderness overlying bilateral temporomandibular joints, upper thoracic spine, and lumbar paraspinals, slightly reduced cervical spine range of motion, hyperesthesia noted at T10 and T11 dermatomes, mild pain with inversion and eversion of left ankle. Diagnostic impression: chronic back pain, left S1 radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease, possible cervical radiculopathy, post-concussion syndrome with intermittent headaches. Treatment to date: medication management, activity modification, ESI. A UR decision dated 8/16/14 denied the request for Voltaren gel. There is no documentation of failure of oral NSAIDS, which should be attempted prior to the use of Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Voltaren gel 1%:** Upheld

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

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

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the reports provided for review, there is no documentation that the patient has an arthritic component to his pain. In addition, there is no documentation that he has had a trial and failure of a first-line NSAID. There is no documentation as to why the patient requires a topical medication as opposed to an oral agent. Therefore, the request for 1 prescription of Voltaren gel 1% is not medically necessary.