

<b>Case Number:</b>	CM14-0161178		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/28/1996
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 68-year-old male who reported an injury on 07/28/1996. The mechanism of injury was not specified. His diagnoses were L3-4 and L4-5 disc degeneration with disc bulging, central canal stenosis, foraminal stenosis, facet joint arthropathy, and lumbar radiculopathy at L3-4 and L4-5, worse on the right side than on the left. His previous treatments included lumbar epidural steroid injections and medications. His diagnostic exam included an MRI of the lumbar spine. His previous surgery included a right knee arthroscopy in 1997. On 09/15/2014, the injured worker reported an increase in intensity in his back pain. The physical examination revealed he had a positive straight leg raise on the right side, decreased range of motion of the lower back in all directions, and there were muscle spasms present. It was noted that pinprick sensation is diminished at the L4-5 dermatome on the right side, but not on the left side. He was also noted to have facet joint arthropathy and pain over the facet joint with direct compression. His medication was noted as hydrocodone. The treatment plan was for Voltaren gel 100 gm apply to lower back. The rationale for the request and the Request for Authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100gm apply to lower back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information submitted for review, the request for Voltaren gel 100 gm apply to lower back is not medically necessary. According to the California MTUS Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The gel has not been evaluated for treatment of the spine, hip, or shoulder. The injured worker reported an increase in intensity of low back pain. It was noted that he had lumbar epidural steroid injections in the past with excellent results. It was noted on 08/28/2014 that Voltaren gel was added to the injured worker's treatment plan however, it is unknown as to how long the injured worker had been using the gel, as the guidelines indicate that it has a diminishing effect after a 2 week period. More specifically, Voltaren gel has not been evaluated for treatment of the spine, hip, or shoulder which the physician note from 08/28/2014 directed the injured worker to apply the Voltaren gel to the lower back. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Voltaren gel 100gm apply to lower back is not medically necessary.