

<b>Case Number:</b>	CM14-0163278		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Interventional Spine 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 45 year old male with an injury date of 07/03/13. Based on the 09/10/14 progress report provided by [REDACTED], the patient complains of neck and back pain. Physical examination cervical spine revealed slight tenderness and stiff range of motion. Examination to the lumbar spine revealed diffuse tenderness to lumbar paravertebrals with spasm, and decreased range of motion, especially on extension 10 degrees. His medications include Tramadol and Naproxen-esomeprazole. Diagnosis 09/10/14- Cervical myofascial sprain-strain.- Lumbar myofascial sprain-strain. [REDACTED] is requesting Voltaren gel #1 per request dated 08/29/14. The utilization review determination being challenged is dated 09/23/14. [REDACTED] is the requesting provider and he provided treatment reports from 05/14/14 - 09/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel #1 per request dated 8/29/14:** Upheld

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

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

**Decision rationale:** The MTUS states recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs) FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." It is also recommended for tendinitis of peripheral joints. Treater has not documented why Voltaren gel is being requested. Patient does not present with osteoarthritis or tendinitis of peripheral joints. Furthermore, neck or back pain is not the indicated use of Voltaren gel according to guidelines. The request is not medically necessary.