

<b>Case Number:</b>	CM14-0166788		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 71 year old female who was injured on 11/21/2009. The diagnoses are left ankle, left hip, low back. The MRI of the lumbar spine showed L4-L5 disc bulge, foraminal narrowing compressing the left L4 nerve root and facet hypertrophy. The past surgery history is significant for lumbar spine fusion. On 8/25/2014, [REDACTED] noted subjective complaints of 5-6/10 pain score on a scale of 0 to 10. There was decreased range of motion and tenderness over the lumbar spine. The patient was completed PT. The medications are tramadol, Celebrex, Gabapentin and Voltaren gel for pain and Flexeril for muscle spasm. A Utilization Review was rendered on 10/1/2014 recommending non certification for Voltaren gel 1 %.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1 % QTY: 0:** 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 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal complications. The use of multiple NSAIDs increases the risk of NSAIDs related complications. The chronic use of topical NSAIDs medications is associated with decrease in efficacy over time. The records indicate that the patient is utilizing multiple NSAIDs - Celebrex and Voltaren. The use of topical Voltaren is FDA and guidelines supported for medium to small joints not for the lumbar spine pain. The criteria for Voltaren gel 1% was not met.