

<b>Case Number:</b>	CM14-0040592		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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, and is licensed to practice in Texas and Ohio. 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 64-year-old who reported an injury on July 19, 2010 when she fell out of her office chair. The injured complained of coccygeal pain with pain rated 6/10. The injured worker was x-rayed and no fractures to the sacrum or coccyx were observed. The injured worker was placed on conservative care including an unspecified number of physical therapy and acupuncture sessions to the sacrum and coccyx regions. The physician also ordered two epidural steroid injections on January 21 and November 25, 2013 with noted improvement after each injection. The injured worker stated pain levels to the coccyx region were much better reporting pain had dropped to 2/10. The injured worker takes Tylenol and Motrin for pain and muscular swelling. The physician diagnosed her with Disorder of the coccyx, nos. The injured worker is back to work on a full-time basis with the following work restrictions: 1) do not lift anything greater than 25 pounds, 2) sit to work for two hours at a time and then; 3) change positions for 15 minutes and 4) continue working in the changed position if desired. The physician wishes to prescribe Voltaren 1% gel #3 for the injured worker. The request for authorization and rationale is not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Voltaren 1% gel, three count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAID's), Voltaren 1% gel Page(s): 112.

**Decision rationale:** The injured worker complains of pain to the coccyx, sacrum, spine and shoulders. According to the Chronic Pain Medical Treatment Guidelines, it 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. Application of the Voltaren gel to reduce pain to the injured worker's sacrum, spine or shoulders is not appropriate for this medication. The request for one prescription for Voltaren 1% gel, three count, is not medically necessary or appropriate.