

<b>Case Number:</b>	CM15-0125356		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/25/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 28 year old male who sustained an industrial motor vehicle accident injury on 11/25/2010. The injured worker was diagnosed with thoracic sprain/strain, lumbar sprain/strain and lumbar facet pain. Previous treatments rendered were not documented. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience mid low back pain with some radiating pain to the bilateral gluteal region rated at 4-5/10 on the pain scale at the office visit. Examination of the lumbar spine demonstrated spasm of the paraspinal muscles and stiffness in the lumbar spine with tenderness of the lumbar facet joints bilaterally. Range of motion was documented at forward flexion at 25 degrees and extension a 5 degrees. Motor strength was 5/5 in the bilateral lower extremities. Current medications were topical analgesics. Treatment plan consists of physical therapy to the lumbar spine twice a week for four weeks and the current request for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Voltaren gel 1% #1 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% one tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are thoracic sprain strain; lumbar sprain strain; lumbar facetal; pain; and possibility lumbar radiculopathy. The date of injury is November 25, 2010. Request for authorization is June 10 team. The medical record contains 18 pages. According to the May 20, 2015 progress note, the injured worker subjectively complains of low back pain 5/10 that radiates to the bilateral buttocks. Topical analgesics help. The injured worker would like an additional refill. Objectively, there are no significant abnormalities noted. According to a June 25, 2015 progress note, the treating provider is requesting a refill for diclofenac gel. Subjective complaints and objective findings remain unchanged. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation of osteoarthritis or osteoarthritis related pain in the joint that lends itself to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. The topical analgesic is being applied to the lumbar spine. Consequently, absent guideline recommendations and an appropriate clinical indication for topical diclofenac (Voltaren), Voltaren (Diclofenac) gel 1% one tube is not medically necessary.