

<b>Case Number:</b>	CM15-0176140		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 36 year old female, who sustained an industrial injury on 7-19-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar strain. According to the progress report dated 7-17-2015, the injured worker complains of severe and debilitating pain in the lumbar spine with radiation into her left lower extremity to the level of her foot, associated with numbness and tingling in the foot. The level of pain is not rated. The physical examination of the lumbar spine reveals pain along the paraspinal muscles from L1 through S1. The current medications are not specified. It is unclear when the Voltaren gel was originally prescribed. Treatment to date has included medication management, physical therapy, MRI studies, and functional restoration program. Work status is described as temporarily totally disabled. The original utilization review (8-27-2015) had non-certified a request for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%, Day Supply: 25, QTY: 100 (Rx Date: 08/25/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. 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 gel tube days supply 25, #1 unit date of service August 25, 2015 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 post laminectomy syndrome lumbar spine; and lumbago. Date of injury is July 19, 2013. Request for authorization is August 25, 2015. The injured worker is enrolled in a functional restoration program. According to documentation from the functional restoration program progress note dates August 3, 2015 through August 7, 2015, Voltaren gel was prescribed for pain in the legs. According to the functional restoration program progress notes August 24, 2015 through August 27, 2015, there is no documentation of objective functional improvement using Voltaren gel. The topical analgesic appears in the progress note summary August 3, 2015 through August 7, 2015. There is no documentation of osteoarthritis pain in a joint that lends itself to topical treatment. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of osteoarthritis pain in a joint that lends itself the topical treatment and no clinical indication or rationale for Voltaren gel, Voltaren (Diclofenac) gel 1% one gel tube days supply 25, #1 unit date of service August 25, 2015 is not medically necessary.