

<b>Case Number:</b>	CM15-0046589		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 was a 28-year-old male, who sustained an industrial injury, February 2, 2014. The injured worker previously received the following treatments home exercise program, TENS (transcutaneous electrical nerve stimulator) unit, Naproxen and Gabapentin. The injured worker was diagnosed with lumbalgia/lumbar intervertebral disc, lumbar discogenic syndrome, lumbosacral or thoracic neuritis and sacroiliac ligament sprain/strain. According to progress note of February 11, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 4 out of 10; 0 being no pain and 10 being the worse pain. There was tenderness to palpation with decreased range of motion. The injured worker had a normal gait. There were no side effects noted from the prescribed medications reported. The treatment plan included a new prescription for Voltaren Gel to help with the pain on February 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1% #1 TUBE (WITH REFILLS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 gel (Diclofenac) 1% one gel tube with 1 refill is not medically necessary. Topical analgesics are largely experimental with you 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 lumbalgia/lumbar intervertebral disc; lumbar discogenic syndrome; lumbosacral or thoracic neuritis; and sacroiliac ligament sprain/strain. Documentation from the February 11, 2015 progress note states that topical analgesic (diclofenac gel) was prescribed to help with pain. The injured worker is on a home exercise program and TENS. The injured worker takes Naprosyn and Gabapentin with no side effects. There is no documentation demonstrating a failed trial with antidepressants and anticonvulsants (injured worker is presently taking gabapentin). Diclofenac gel 1% (Voltaren) is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. The diagnoses indicate low back and sacroiliac anatomical regions to be treated. There is no documentation of osteoarthritis or osteoarthritis related pain. Additionally, Diclofenac gel has not been evaluated for treatment of the spine. Consequently, absent compelling clinical documentation with an appropriate clinical indication and rationale, Voltaren gel (diclofenac) 1% one gel tube with one refill is not medically necessary.