MAXIMUS Federal Services

| Case Number: | CM15-0061253 | | |
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| Date Assigned: | 04/07/2015 | Date of Injury: | 02/24/2015 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

## 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: Utah, Arkansas
Certification(s)/Specialty: Family Practice

## 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 33 year old male, who sustained an industrial injury on 2/24/14. The diagnoses have included chronic low back pain, lumbar spondylolisthesis with bulging disc, lumbar disc herniation and bilateral facet osteoarthritis of the thoracic spine. Treatment to date has included medications, diagnostics, conservative measures and physical therapy. The Magnetic Resonance Imaging (MRI) of the lumbar/thoracic spine was done on 6/23/14. The current medications were not noted. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of persistent pain in the low back rated 8/10 on pain scale which was constant and unchanged. He states that the Norco alleviates the pain and decreases it from 8/10 down to 4/10 and allows him to continue working and exercise with minimal to mild weight lifting. The objective findings revealed tenderness over the lumbar paraspinal muscles and full range of motion was noted. Treatment plan included aggressive physical therapy, and prescriptions for Norco and Diclofenac/Lidocaine cream (3%/5%) 180GM for pain. Work status was to return to full duty on 2/18/15.The physician requested treatment included Diclofenac/Lidocaine cream (3%/5%) 180 GM for back pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine cream (3%/5%) 180g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical Non-steroidal anti-inflammatory agents, Lidocaine (topical).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel, page 112 Diclofenac.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state the following: 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. According to the clinical documentation provided and current MTUS guidelines; Voltaren topical, and therefore a compound is not medically necessary to the patient at this time.