

<b>Case Number:</b>	CM15-0064701		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old woman sustained an industrial injury on 9/1/2009. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 8/15/2014, electromyogram/nerve conduction studies of the right upper extremity dated 6/13/2013, electromyogram/nerve conduction study of the bilateral lower extremities dated 3/3/2011, lumbar spine MRI dated 11/11/2009, and lumbar spine x-rays dated 9/14/2009. Diagnoses include lumbar spine facet syndrome, lumbar spine radiculopathy, and low back pain. Treatment has included oral and topical medications, use of cane, medial branch block, lumbar spine steroid epidural injection, and lumbar facet ablation/rhizotomy/neurotomy. Physician notes dated 3/4/2015 show complaints of low backache rated 7/10. Recommendations include no further epidural steroid injections due to reaction to the steroid, physical therapy, continue home exercise program, orthopedic surgeon consultation, continue use of cane, continue Percocet, Colace, Senna, Soma, Voltaren gel, and work activity and hour restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.