

<b>Case Number:</b>	CM15-0093151		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male who sustained an industrial injury on 08/02/2012. Mechanism of injury occurred when he was traveling about 7 miles per hour. He landed on his back causing him great amount of low back pain. He had a previous history of minimal low back pain treated with narcotics. Diagnoses include chronic back pain, continued opioid dependence, lumbar degenerative disc disease, myofascial muscle pain and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, and epidural steroid injections, and the second round of epidural injections did not improve and caused him significant pain. Medications are Tizanidine 12 mg 3 x day, Gabapentin 1200mg every 8 hours, Nortriptyline 100mg at hour of sleep, and Norco 10/325mg 6 tables a day. A physician progress note dated 04/06/2015 documents the injured worker with disc herniation complains of low back pain which is sharp, stabbing, burning and it radiates down both legs intermittently. Legs go numb while sitting on a toilet. He walks with a limp due to pain. He has more pain in the left leg. Pain awakens him from sleep. He rates his pain as 8 out of 10 which is higher than usual and he continues to work. He has severe spasms in the back muscles. Lidoderm patches are not working but the injured worker has severe myofascial and surface pain in the back. His pain is worse with extension and worse with prolonged sitting. He has a lumbar epidural steroid injection scheduled. His treatment plan includes Norco refill x 2 months, Nortriptyline-decrease to 50 mg for one week then discontinue, Doxepin 10mg and increase to twice a day after one week, discontinue Lidoderm patches and follow up in 2 months. Treatment requested is for Voltaren Gel 1% QTY: 100 with 3 refills.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren Gel 1% QTY: 100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Pain (Chronic), Voltaren Gel (diclofenac).

**Decision rationale:** According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment. It is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren Gel 1% QTY: 100 with 3 refills is not medically necessary.