

<b>Case Number:</b>	CM15-0094262		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, Florida, 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 67 year old male, who sustained an industrial injury on June 18, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar fusion, lumbar radiculopathy, and spinal cord stimulator implant. Diagnostic studies to date have included CTs and x-rays. Treatment to date has included a spinal cord stimulator, massage therapy, physical therapy, a home exercise program, and medications including oral pain, topical pain, anti-anxiety/muscle relaxant, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. On May 7, 2015, the injured worker reports improved low back pain since he underwent a lumbar 4-5 and lumbar 5-sacral 1 fusion in July 2014. Massage therapy relieved the severe muscle spasms of the low back and left leg. He reports pain relief with the use of topical Voltaren Gel. The physical exam revealed a slowed gait, moderate lumbosacral tenderness - greater on the left than the right, decreased sensation to light touch of the lateral aspect of the left lower extremity, normal strength in the bilateral lower extremities, decreased bilateral Achilles and patellar reflexes, and positive straight leg raise bilaterally. The treatment plan includes continuing the Voltaren Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 4gm (tubes), QTY: 2: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** This claimant was injured now 14 years ago. There is a request for topical Voltaren, but no mention of gastrointestinal issues that might drive a need for non-oral medications. Also, the areas of pain are broad, including the back area. There are radicular signs. Per the MTUS, Voltaren Gel 1% (diclofenac) is 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers' compensation or any patient. Topical medicines are not intended for broad areas of pain. Moreover, its use in these areas have not been studied. The request is not medically necessary.