

<b>Case Number:</b>	CM13-0044643		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

There is a 1/17/14 document from the patient's primary treating physician that states that that patient was provided topical analgesic as oral medications have been irritating her stomach. The pain continues to bother her. At times getting as high as 8/10, at other times with the medication given the topical can bring it down to a 4. This allows her to do her activities of daily living and her home exercise program. Objectively, cervical spine shows negative Spurling's, negative L'hermitte's. There is tenderness in the paraspinal muscles. The range of motion is extension 35, flexion 35, right and left rotation 70. The left shoulder shows tenderness anteriorly and laterally with flexion 160, abduction 140, internal rotation,70, external rotation 70, adduction 30, extension 10. Motor strength 5-/5 in the left shoulder. Sensory intact C6, C7, C8 dermatome. Deep tendon reflex is 2+ at biceps, triceps, and brachioradialis. The plan includes continuing a home exercise program; Ultram, and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1% #100:** 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): 111-112.

**Decision rationale:** Pharmacy purchase of Voltaren Gel 1% quantity 100 is not medically necessary per the MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines Voltaren Gel 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. Per the MTUS topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation submitted reveals that the patient has chronic neck and shoulder pain for which the MTUS state that topical NSAIDs have little evidence of use for. The documentation reveals that the patient has been using this longer than the 12 week recommended period (per documentation at least since 6/25/13). The request for pharmacy purchase of Voltaren Gel 1% quantity 100 is not medically necessary.