

<b>Case Number:</b>	CM13-0060864		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/16/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Family Medicine and is licensed to practice in California. 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:

This 54-year-old female claimant sustained a work injury on 7/6/11 involving the neck, back, and shoulders. The claimant has a diagnosis of back contusion, lumbar strain with radiculopathy, bilateral shoulder impingement and chronic myofascial pain. She underwent rotator cuff repair in 2012. A progress note on 8/9/13 indicated the claimant had 6/10 pain for which Norco was ineffective. Physical findings included: decreased range of motion of the shoulders and neck with palpatory tenderness. She was continued on Norco and was given a trial of Lyrica and topical Voltaren gel. A progress note on 9/6/13 indicated that the Voltaren gel was helping her. Her pain scores remained at 6/10 and exam findings were similar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, Qty: 3.00:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, Voltaren gel is a topical non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical analgesics are

largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. A Food and Drug Administration (FDA) -approved agent is Voltaren Gel 1% (diclofenac). It 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. The maximum dose should not exceed 32g per day (8g per joint per day in the upper extremity and 16g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert). In this case, the claimant had been given Voltaren gel beyond a short-term period of 2 weeks. Since Voltaren has not been evaluated for the spine, hip or shoulder and there is no documentation or oral NSAID failure, the medical necessity of continued Voltaren gel is not established. As such, the request is not certified.