

<b>Case Number:</b>	CM14-0105161		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 is a 65-year-old female with a 7/8/08 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/24/14, the patient complained of bilateral neck pain, bilateral shoulder pain, and bilateral wrist/hand pain. She reported muscle aches, muscle weakness, and arthralgias/joint pain. Objective findings: no acute distress, normal gait. Diagnostic impression: carpal tunnel syndrome, shoulder pain, neck pain, hand pain. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 6/26/14 modified the request for Voltaren gel, 100 gm from 12 tubes to 6 tubes. The provider noted that the patient has hypertension, which contraindicates the use of oral NSAIDs. Based on the currently available information, the medical necessity for this topical agent has been established, and therefore, the request is modified for QTY #2 with 2 refills to monitor medication efficacy and compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100 gram tube:** 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 9792.24.2 Page(s): 112.

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. It is noted in the 3/24/14 progress report that the patient does not want to take naproxen anymore as it increases her hypertension. Voltaren gel would be beneficial in the management of pain without the side effects of oral NSAIDs. According to the UR decision dated 6/26/14, this request was for 2 tubes with 5 refills, a 6 month supply, which is excessive. The request was modified to authorize 2 tubes with 2 refills, a 3 month supply. It is unclear why this request is being made at this time. Therefore, the request for Voltaren gel 1% 100 gram tube was not medically necessary.