

<b>Case Number:</b>	CM14-0017347		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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:

The injured worker is a 73-year-old female who reported an injury on 06/13/2001. The mechanism of injury was not stated. Current diagnoses include status post left shoulder surgery with chronic pain and chronic neck pain with multilevel disc disease and neural foraminal narrowing/spinal stenosis. The injured worker was evaluated on 03/03/2014. The injured worker reported 4/10 pain with medication. Physical examination revealed tenderness to palpation of the cervical spine, limited cervical range of motion, limited left shoulder range of motion, 5/5 motor strength, and intact sensation. Treatment recommendations included Voltaren gel 2 g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 2% QTY #100 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2014 Web-Based Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the request cannot be determined as medically appropriate. Additionally, the injured worker has utilized Voltaren gel since 03/2013, without evidence of objective functional improvement. Based on the clinical information received, the request is not medically necessary.