

<b>Case Number:</b>	CM14-0151052		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 57 year old man. He was walking and slipped on March 24, 2004. He states he has abdominal, lower back and neck pain. He states that the pain is constant, sharp, and shooting. The pain also radiates down to the bilateral legs. He takes Gabapentin and Norco which have brought his pain level down to 4/10 from 10/10. His diagnoses are lumbar radiculopathy, cervical sprain, lumbar sprain, and carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%, QTY: 1 tube:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guidelines, Web based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Page(s): 111-113.

**Decision rationale:** Topical nonsteroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other

joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain as there is no evidence to support use. 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. This worker has chronic musculoskeletal pain with radiculopathy and has been using oral pain medications with some relief. He does not have a diagnosis of arthritis. Therefore, Voltaren gel is not certified. It is considered not medically necessary for this injured worker's condition.