

<b>Case Number:</b>	CM14-0172673		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old woman who sustained a work-related injury on December 11, 2004. Squat, she developed with chronic low back pain and underwent low back surgery, left elbow surgery on February 2, 2010 and right shoulder arthroscopy. According to a progress report dated on September 24, 2014, the patient continued to have chronic neck pain, right shoulder and right hip pain. The pain level was rated 9/10. The patient was treated with MS Contin and Norco which helped with bringing the pain down from 10 over 10-6/10 Soma help reducing the spasms and Lyrica have been due to the pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion. Motor strength was decreased in both upper extremities and sensation is increased in both upper extremities. the provider request authorization to use Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for voltaren gel 4grams # 1 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NONSELECTIVE NSAIDS Page(s): 107.

**Decision rationale:** Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain and there is no strong evidence for its use for spine pain such as cervical spine pain. Therefore request for Voltaren Gel is not medically necessary.