

<b>Case Number:</b>	CM14-0180181		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 9/17/14 progress note that states that the patient presents with persistent neck and upper extremity complaints. She has aching, burning pain in her neck and aching pain in her low back. She rates her neck pain at 7/10 and low back pain at 6/10. There is tenderness over the cervical paraspinal muscles. There is no spasm. Guarding is present with motion. The patient can flex her neck to 40 degrees and extend to 40 degrees. Rotation is 60 degrees to the right and 60 degrees to the left. There is no sign of cervical instability. Strength: Strength is maintained at the 5/5 level in all upper extremity myotomes. Sensation is intact in all upper extremity dermatomes. Reflexes are 2+ and symmetrical at the biceps, triceps and brachioradialis regions. No pathological reflexes are present. There is brisk capillary refill in all upper extremity digit tips. There is no sign of lymphedema regarding the upper extremities, bilaterally. There is hyperlordosis. There is tenderness to .palpation over the lumbar paraspinal muscles. There is no spasm. She can flex her lumbar spine to 50 degrees and extend to 40 degrees. Bending is 30 degrees to the right and 30 degrees to the left. There is no sign of lumbar instability. Strength is maintained in all lower extremity myotomes at the 5/5 level. : Sensation is intact in all lower extremity dermatomes. Reflexes are 2+ and symmetrical at the patellar and Achilles regions. No pathological reflexes are present. There is brisk capillary refill in all lower extremity digit tips. The discussion states that she was given a topical cream which has helped her in the past. The patient is working full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren cream 100mg x 3 refills:** Upheld

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

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

**Decision rationale:** Voltaren cream 100mg x 3 refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical Voltaren 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 guidelines state that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has neck and low back pain. The guidelines state that there is little evidence to utilize topical NSAIDS for the treatment of the spine. The guidelines recommend topical NSAIDS for joints that lend them to topical treatment for osteoarthritis and only for short term use. The request for Voltaren cream is not medically necessary.