

<b>Case Number:</b>	CM14-0022095		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/16/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 worker is a 69 year old female who injured her neck on 11/19/04, after which she has complained of chronic and constant neck pain related to muscle spasms as well as left shoulder pain and headaches. She was diagnosed with cervical sprain/strain with underlying spondylosis, and chronic headaches. Treatment for her pain consisted of Flector patches, Lortab, Froza, diclofenac powder, and exercise. On 1/23/14 she was seen by her treating physician complaining of her constant neck pain and muscle spasms in that area as well as frequent headaches at the base of her skull. She reported her cramps that cause burning pain in her neck and at times left shoulder pain. Her neck pain was rated at a 8/10 and her headache a 6/10 on that day. She reported that the collective benefit of her medications provided her a 50% improvement in function. She reported that she does not tolerate oral NSAIDs as they upset her stomach, which was why she was using Flector patches on her neck. Her oral medications were refilled and Voltaren gel 1% 2 grams 4 times daily to neck and shoulder since the Flector patches were denied by insurance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VOLTAREN GEL 1%, #100GM TUBE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (Diclofenac), Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** Topical NSAIDs, such as Voltaren gel, may be used to treat osteoarthritis and tendonosis for a short-term use, such as 4-12 weeks in situations where oral NSAIDs have failed or are inappropriate, but is not recommended for neuropathic pain as there is no evidence to support its use. Maximum dose of Voltaren should not exceed 32 grams per day (8 grams per upper extremity joint and 16 grams per lower extremity joint). It has been approved for use on the knees, ankles, elbows, feet, hands, and wrist, but not for the spine, hip, or shoulders as there is currently little evidence for this application. In the case of this worker, she was prescribed topical NSAIDs for her neck muscle spasm and likely shoulder radicular pain. No evidence was seen in the documents which evaluated the topical NSAID as far as its functional and pain benefits specifically for this worker, independent of the collective group of medications. Also, she was using it on her neck and shoulder which isn't an approved use yet for this medication, unfortunately. Therefore, the Voltaren gel 1%, #100 gm tube is not medically necessary.