

<b>Case Number:</b>	CM14-0024227		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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:

This is a 56-year old female with a date of injury of 11/16/00. Mechanism of injury is not disclosed in submitted reports. The patient has chronic symptoms, and is under the care of a PM&R specialist for diagnoses of bilateral CTS, s/p CTR 2001, cervical DJD/DDD, lumbar DJD/DDD, and left ankle/toe pain. Submitted reports prior to the Utilization Review report in dispute indicate that the patient was having issues with low back pain and neck pain. Symptoms were flaring up. The patient was using Lidoderm, Lisinopril-HCTZ, Methocarbamol, Savella, Talacen, Zipsor and Voltaren Gel. The reports submitted to IMR go back as far as October of 2013. None of the reports discuss why Voltaren Gel is being used as opposed to oral NSAIDS. None of the reports indicate that this has been an effective medication. This was submitted to Utilization Review on 1/31/14, and a recommendation for non-certification as Voltaren Gel is not recommended as first-line treatment and the medical record did not establish an intolerance to oral NSAIDS. The reviewer also noted that chronic use was not guideline supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1% TOPICAL TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac, Topical.

**Decision rationale:** The California MTUS recommends topical NSAIDS for short-term relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist), but it has not been evaluated for treatment of the spine, hip or shoulder. ODG also corroborates short-term use recommendations, and further clarifies that Voltaren Gel is not indicated as first-line treatment. There are significant potential side effects, and this should only be considered after failure or contraindication to oral NSAIDS. In this case, there is no documentation suggestive of failure or contraindication to oral NSAIDS. Reports from as far back as October of 2013 reflect ongoing use of Voltaren Gel, clearly reflecting that use has exceeded guideline recommendations for short-term use only. Finally, it appears that the main chronic pain issue is ongoing spine pain, and while Voltaren Gel is considered effective in joints amenable, the spine is not designated as a body part amenable to topical NSAID treatment. The medical necessity for Voltaren Gel is not established.