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| <b>Case Number:</b>   | CM14-0028177 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 09/03/2009 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2014 |

### 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 Physicla 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:

The patient is a 57 year old female with date of injury 9/3/09. The treating physician report dated 2/6/14 indicates that the patient presents with chronic neck and lumbar pain, bilateral shoulder pain and paresthesia of the hands. The current diagnoses are: 1. Chronic s/s (signs/symptoms) of the neck with radiculopathy verified by neuro-diagnostic testing. 2. Carpal tunnel syndrome of both wrists confirmed by nerve conduction studies. 3. Chronic s/s (signs/symptoms) of the lumbar spine. The utilization review report dated 2/24/14 denied the request for pharmacy purchase of Voltaren cream 2 tubes, based on the ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF VOLTAREN CREAM, 2 TUBES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web based edition.

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

**Decision rationale:** The patient presents with chronic neck pain with radicular pain into the shoulders, carpal tunnel syndrome bilaterally and lower back pain. The current request is for pharmacy purchase Voltaren cream, 2 tubes. The treating physician report dated 2/6/14 states, "Prescriptions were issued for Voltaren cream to be applied 2x daily to the neck, back and wrists,

two tubes." The MTUS Guidelines are specific that topical NSAIDS (non-steroidal anti-inflammatory) are for, "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 NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS does not support the usage of Voltaren cream for treatment of the spine or carpal tunnel syndrome. Recommendation is for denial.