

<b>Case Number:</b>	CM14-0047520		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 52 year old female presenting with chronic pain following a work related injury on 03/09/2011. The claimant complained of neck pain. The MRI of the cervical spine on 10/23/2012 showed multi-level degenerative disc disease, facet arthropathy and disc herniation most severe at C4-5. The physical exam showed slight cervical paravertebral musculature and bilateral trapezius tenderness. The range of motion was limited in all planes, reflexes 1/1 at the biceps, triceps and brachioradialis, slight hypesthesia in the radial aspect of the right forearm. The claimant was diagnosed with cervical spine degenerative disc disease, cervical radiculitis and cervical spinal stenosis. The claimant has tried TENs unit, medications and cervical traction. The claimant's medications included Mobic, Gabapentin and Voltaren gel. A request was made for Voltaren Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 112.

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

**Decision rationale:** Voltaren Gel 1% #1 is not medically necessary. According to California MTUS Chronic Pain Medical Treatment Guidelines, page 111, the MTUS does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, per the California MTUS page 111 states that topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.