

<b>Case Number:</b>	CM14-0070426		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Occupational Medicine, 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 injured worker has chronic cervical pain and also had fractured ribs. Botox injections have also been recommended in the past. He has attended a number of physical therapy visits, and has received multiple medications. Right cervical medial branch blocks were recommended at C5-6 and C6-7 on 11/25/13. He had cervical facet syndrome with pain and migraine headaches. At that time he was taking Celebrex, Lyrica, Wellbutrin, Voltaren gel, and other medications including Medrol and Lidocaine liquid. He had decreased headaches and frequency after Botox was injected on 11/01/13. The notes do not specifically address the indication for Voltaren gel. The injured worker reportedly has musculoskeletal symptoms consistent with cervical sprain, history of multiple right sided rib fractures with residual right-sided chest pain, thoracic sprain and an L4-5 disc herniation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% Apply 4 times daily to back QTY: 1 Bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state before prescribing any medication for pain, the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and a record of pain and function with the medication should be recorded. There is no evidence of failure of all other first line drugs. There is no description in the file of specific benefit from the use of this medication. As such, the request is not medically necessary.