

<b>Case Number:</b>	CM14-0087961		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 is a 56 year old female who was injured on December 8, 2003. The mechanism of injury was not stated in the documents available for review. The principal diagnoses are listed as pain in limb (729.5), carpal tunnel syndrome (354.0), and joint pain in arms (719.42). Review of available documentation indicated that previous use of Voltaren gel 1 percent was ineffective. Current treatment included a walking/home exercise program, Lyrica, Gabapentin, Voltaren gel 1 percent, and medibeads. Acupuncture was attempted. A prior utilization review dated June 9, 2014 resulted in denial of Voltaren gel 1 percent, quantity three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF VOLTAREN GEL 1 %, # 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDS.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Topical NSAIDs such as diclofenac (Voltaren) are recommended for arthritis for short term use. This patient does not have a diagnosis of arthritis, and has a chronic problem. In any event, there is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore the requested compound is not medically necessary as it does not meet established and accepted medical guidelines.