

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0203626 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 04/10/2005 |
| <b>Decision Date:</b> | 02/10/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 Family Practice, and is licensed to practice in Ohio. 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 57-year-old female with a date of injury of April 10, 2005. She developed low back pain by lifting a mattress in her capacity as a housekeeper. She had surgery to lumbar spine 2005 and 2009. She is also had physical therapy and acupuncture. On April 25, 2014 she complained of headaches two or three times weekly, constant low back pain radiating to both lower extremities with numbness developing after sitting for 15 minutes, and symptoms of depression. On June 30, 2014 she was also playing of right shoulder pain. The physical exam has revealed a depressed appearance, normal cervical range of motion, tenderness to the cervical spine is processes and paraspinal musculature, with a negative Spurling's test. Right shoulder has revealed normal range of motion and no signs of instability. Lumbar spine reveals moderate rotary scoliosis, a positive straight leg raise test bilaterally at 60, tenderness the paraspinal musculature, and a negative facet load test. There is diminished sensation region of the right-sided L5 dermatome. Lumbar range of motion is diminished. Strength is 5/5 throughout with the exception of diminished right grip strength. Tinel's and Phalen's signs are negative bilaterally. The wrists are nontender and reveal full active range of motion. The injured worker has been treated with the antiepileptic drugs Neurontin and Lyrica, Norco, lorazepam, Effexor, Wellbutrin, Prilosec, Ambien, and Tizanidine. The physical medicine and rehabilitation physician recorded in June 30, 2014 that she was also taking Voltaren XR 100mg once daily as needed pain. At issue is a request for Voltaren 1%, #100. The utilization review physician did not certify this citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** There is little evidence to utilize topical NSAIDs, such as Voltaren 1%, for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In this instance, the intended site of application of the Voltaren 1% is not clear from the records provided. It is not intended for the spine or shoulder but may be used for the ankle, hand, foot, knee, or wrist for up to 12 weeks. Although right sided carpal tunnel syndrome and right wrist sprain are listed as a diagnosis, the physical exam does not support those diagnoses in the records provided. There is, therefore, no obvious indication for the Voltaren 1% gel from the submitted record (neurology 8-25-2015 and physical medicine 6-30-2014). Consequently, Voltaren gel 1%, #100 grams was not medically necessary.