

<b>Case Number:</b>	CM15-0009612		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 female patient, who sustained an industrial injury on 08/01/2005. A follow up visit dated 11/11/2014 reported physical therapy being beneficial and the patient continues to perform exercises to reduce her upper extremity pain. In addition, she is attending acupuncture which continues to significantly reduce the severity of pain. She did undergo a facet block on 10/09/2014 with a reported 20-30 % reduction in pain. She also stated the medication Zohydro ER has reduced the severity of pain. The subsequent follow up dated 12/16/2014 showed acupuncture no longer authorized and that pain had increased to the left shoulder, chest, hand and wrist. The following diagnoses are applied; failed cervical fusion C4 - C5, C5 - C6 and C6 - C7 with loosening of hardware, mild central canal stenosis, bilateral neural foraminal stenosis; chronic musculoskeletal pain, neural tension signs with radiation to upper extremities; chronic pain, musculoskeletal myofascial tension upper thoracic region, anxiety, depression, sleep disorder and gastroesophageal issues secondary to medications. On 01/07/2015 Utilization Review non-certified a request for Voltaren Cream 10%, noting the CA MTUS ACOEM Guidelines, Topical Analgesia was cited. The injured worker submitted an application for independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac compound cream 10% 5 gm #270 gm:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines are very specific in stating that only FDA approved topical medications (type and strength) are Guideline supported and if a compound includes agents that are not FDA approved the compound is not recommended. MTUS Guidelines note that only 1% topical Diclofenac is FDA approved and commercially available. Its recommended use is for osteoarthritis in joints superficial joints. Since the Guidelines were written there is a FDA approved 2% topical is indicated for osteoarthritis of the knee. The Guidelines specifically state that the spine and shoulder do not qualify for use. The compounded Diclofenac cream 10% #270gms is not Guideline supported based on the strength of the compound and intended use of the compound. There are no unusual circumstances to justify an exception to Guidelines. The compounded Diclofenac cream 10% #270gms is not medically necessary.