

<b>Case Number:</b>	CM15-0102978		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 31, 2003. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for Voltaren gel for the neck. A RFA form of April 28, 2015 and an associated progress note of April 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was asked to continue Neurontin and Voltaren gel for the same. Acupuncture was endorsed. The applicant was no longer working and retired from his former place of employment, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel quantity 100g, apply 2g over the neck tid: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and lumbar spine, i.e., body parts for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a compelling rationale for introduction, selection, and/or ongoing usage of Voltaren gel for the spine, i.e., body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.