

<b>Case Number:</b>	CM15-0102987		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/27/2015
<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 53-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 3, 2011. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced a RFA form received on May 20, 2015 and an associated progress note of May 14, 2015 in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported ongoing complaints of neck and arm pain. The applicant's medications included Voltaren gel, Ultram, Ambien, Protonix, Motrin, Neurontin, Tenormin, Cozaar, glipizide, Zocor, and Zoloft, it was reported. The applicant was asked to continue using a TENS unit. Physical therapy and massage therapy were endorsed. The applicant had reportedly failed acupuncture. The applicant received multiple trigger point injections. At the bottom of the report, the applicant was asked to continue tramadol, Motrin, Voltaren gel, Protonix, Neurontin, and Ambien. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On May 14, 2015, the applicant again presented with multifocal complaints of neck, low back, and shoulder pain. Once again, the applicant was asked to continue various medications, including Voltaren gel, Ultram, Motrin, Neurontin, Ambien, Protonix, etc. The applicant's permanent work restrictions were again renewed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% Qty: 3: Upheld**

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

**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 note on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the cervical spine, lumbar spine, and shoulder, i.e., body parts for which topical Voltaren has not been evaluated. The attending provider failed to furnish a compelling rationale for selection of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same for the body parts at issue. Therefore, the request was not medically necessary.