

<b>Case Number:</b>	CM15-0164666		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 (n) 66-year-old female, who sustained an industrial injury on 9-30-05. She reported pain in her neck. The injured worker was diagnosed as having shoulder pain, carpal tunnel syndrome, neck pain and hand pain. Treatment to date has included Baclofen, Naproxen, Trazodone and Voltaren gel since at least 12-23-14. As of the PR2 dated 8-11-15, the injured worker reports decreased neck spasms, but continued headaches. Objective findings include slightly limited cervical range of motion, tightness on palpation in the upper trapezius to occiput and slight tenderness to palpation over the left anterior neck. She also indicated increased burning along the right arm with activity. The treating physician requested Voltaren gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren topical gel 1%:** 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren topical gel 1% of is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself 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 case, the injured worker's working diagnoses are shoulder pain: carpal tunnel syndrome; neck pain; and hand pain. Date of injury is September 30, 2005. Request for authorization is August 12, 2015. The earliest progress note containing a Voltaren gel prescription is dated December 23, 2014. The most recent progress note dated August 11, 2015 shows the injured worker has ongoing complaints of hand, shoulder pain, carpal tunnel syndrome and neck pain. The documentation states Voltaren gel is not indicated for the neck, but the injured worker uses the topical analgesic on the neck. The directions for use indicate Voltaren gel is for the shoulder. Voltaren gel has not been evaluated for treatment of the shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for shoulder use, Voltaren topical gel 1% of is not medically necessary.