

<b>Case Number:</b>	CM15-0185879		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male, who sustained an industrial injury on 5-30-2012. The injured worker was being treated for cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, chronic pain-other, and status post right shoulder surgery. On 8-31-2015, the injured worker reported neck pain that radiated down the right upper extremity with associated symptoms that included bilateral neck area muscle spasms and numbness of the right upper extremity. She also reported thoracic back, right shoulder, and mid upper back pain. Her pain was rated 7-8 out of 10 with medications and 10 out of 10 without medications on average since the last visit. The physical exam (8-31-2015) revealed a well-healed cervical spine surgical scar, vertebral tenderness at C4-7 (cervical 4-7), moderately limited range of motion due to pain, and significant increased pain with flexion and extension. There was intact sensation and strength within normal limits of the bilateral upper extremities. There was right thoracic paraspinous muscle spasm with tenderness to palpation in the right paravertebral region and decreased motor strength on the right. On 7-24-2015, a CT of the cervical spine revealed status post anterior fusion at C6-7 (cervical 6- 7), diffuse cervical spine spondylosis, and non-specific straightening of normal lordosis, most likely secondary to spondylosis and fusion. There was partial calcification of the nuchal ligament, osteoarthritic changes at C1-2 (cervical 1-2), and 1-2 millimeter broad based posterior disc protrusions without evidence of canal stenosis or neural foraminal narrowing at C2-3 (cervical 2-3), C4-5 (cervical 4-5), and C5-6 (cervical 5-6). At C3-4 (cervical 3-4), there was a 2-3 millimeter broad based posterior disc protrusion resulting in left neural foraminal narrowing and left exiting nerve root compromise. At C6-7 (cervical 6-7), there

was a residual 2-3 millimeter disc-osteophyte formation complex resulting in bilateral neural foraminal narrowing, right greater than left. Canal stenosis is seen. At C7-T1 (cervical 7-thoracic 1), there was a 1-2 millimeter broad based posterior disc protrusion resulting in left neural foraminal narrowing and left exiting nerve root compromise. Surgeries to date have included a right shoulder arthroscopy, synovectomy, labrum and rotator cuff debridement, subacromial decompression on 5-18-2015 and an anterior cervical discectomy and fusion at C6-7 in 3-2014. Treatment has included physical therapy, acupuncture, a non-steroidal anti-inflammatory injection, a cervical epidural steroid injection, and medications including opioid pain, topical pain (Voltaren gel 1% since at least March 2015), muscle relaxant, and an opioid antagonist. Per the treating physician (8-31-2015 report), the injured worker is not currently working. The requested treatments included Voltaren gel 1% #3. On 9-15-2015, the original utilization review non-certified a request for Voltaren gel 1% #3.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." With regard to medication history, the injured worker has been using this medication since at least 2/2015. Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.