

<b>Case Number:</b>	CM15-0191590		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 36-year-old female who sustained an industrial injury on August 11, 2014. A recent primary follow up dated September 01, 2015 reported subjective complaint of neck and bilateral shoulder pains with referring pain in the right elbow and hand. There is note of pending acupuncture session. She is utilizing a brace at nighttime, Spine Q at home primarily and is pending a work ergonomic evaluation. The following diagnosed were applied to this visit: cervical disc injury; right medial neuritis, and right ulnar neuritis with C-8 T-1 radiculitis. There is recommendation to initiate topical Voltaren gel. Follow up dated August 14, 2015 reported subjective complaint of "right shoulder pain." The report noted shoulder strain and myofascial pain right upper trapezius. There is note of offering trigger point injections with the patient declining at this time. Previous treatment to include: activity modification, medication, DME, Spine Q, physical therapy and most recently acupuncture. On September 03, 2015 a request was made for Voltaren gel that was noncertified by Utilization review on September 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #1 with 6 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 6 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel with 6 refills is not medically necessary.