

<b>Case Number:</b>	CM15-0202880		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/04/2000
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 58 year old female who sustained an industrial injury on 5-4-2000. A review of medical records indicates the injured worker is being treated for cervical spine multilevel discopathy and lumbosacral spine discopathy. Medical records dated 8-6-2015 noted she had not progressed since 6-10-2015. She continues to have frequent neck and back pain that radiates down the extremities. Physical examination noted a positive Spurling's and foraminal compression test on the left. Her foraminal compression test was negative on the right and the Spurling's test caused numbness into the hand. She had a positive straight leg raising signs bilaterally. She was using a cane. Treatment has included Voltaren and Flector patches since at least 8-6-2015. MRI of the lumbar spine dated 7-2-2010 revealed L5-S1 degenerative bone and disk changes with a 2mm annular disk bulge minimally encroaching on the thecal sac without nerve root encroachment. Utilization review form dated 9-18-2015 noncertified Voltaren gel 100gm and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100gm, one bottle with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. The claimant was also prescribed topical Flector (which also contains NSAIDs) in combination for several months. There are diminishing effects after 2 weeks. In this case, the claimant had been on the gel for several months and additional 2 months refill is not indicated. The Voltaren gel is not medically necessary.

**Flector patches 1 box with two refills:** Upheld

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

**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 recommended as an option as indicated below. They 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for several months in combination with topical Voltaren. There is limited evidence to support long-term use of Flector. The claimant was also prescribed topical Voltaren. There are diminishing effects after 2 weeks. The Flector patch is not medically necessary.