

<b>Case Number:</b>	CM15-0208238		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 38 year old female who sustained an industrial injury on 10-11-10. A review of the medical records indicates that the worker is undergoing treatment for lumbago, regional myofascial pain syndrome of the neck and shoulder girdle, lumbar disc displacement without myelopathy, encounter for long-term use of other medications. Subjective complaints (9-29-15) include headaches keep her awake at night, the gel brought pain to a 6 out of 10 and allowed her to sit longer and walk longer. A (9-29-15) report notes Voltaren gel is requested as she is progressively getting worse and cannot take oral medication secondary to gastrointestinal side effects. Also noted is that "without the approval of topical medications she must go without pain medication regimen which she has been doing for almost a year." Acupuncture was noted as helpful. The medication is Voltaren gel 1% topical, apply to affected area every 6 hours as needed for pain #1 tube. The requested treatment of Voltaren gel 1% topical 1 tube was non-certified on 10-7-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% topical, 1 tube:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that 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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for low back and neck pain. As such, the request for Voltaren gel 1% topical, 1 tube is not medically necessary.