

<b>Case Number:</b>	CM15-0021692		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old female who reported an injury on 02/18/2004. The mechanism of injury was not provided. She is diagnosed with cervical degenerative disc disease, cervical strain, and cervical radiculopathy. Her past treatments were noted to include physical therapy, chiropractic treatment, acupuncture, medications, epidural steroid injections, and home exercise. At her 12/10/2014 visit, the injured worker's medications were noted to include Norco 10/325 mg 3 times per day, Butrans patches, Flector patches daily, and Ambien 5 mg. A handwritten 01/05/2015 follow-up note indicated that the injured worker reported increased range of motion following a recent epidural steroid injection. However, she reported increased headaches and right upper extremity pain. She rated her pain 10/10 without medications and 7/10 with medications. Physical examination findings are illegible. The treatment plan included a prescription for Voltaren 1% gel and refill of her Norco. However, a rationale for the Voltaren gel was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, to include the ankle, elbow, foot, hand, knee, and wrist. However, the guidelines state it has not been evaluated for the treatment of spine, hip, or shoulder. The request as submitted did not indicate what body region the Voltaren was recommended to be used on. In addition, the frequency was not provided with the request and a specific quantity was not noted. The injured worker was noted to have significant pain related the neck; however, she was not shown to have osteoarthritis and Voltaren is not recommended for use on the spine. Plus, 6 refills would not allow for appropriate reassessment to evaluate for efficacy of treatment. For these reasons, the request is not medically necessary.