

<b>Case Number:</b>	CM15-0225407		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: North Carolina  
 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 53-year-old female who sustained an industrial injury on 4-13-2011 and has been treated for cervical radiculopathy, cervicgia, and right shoulder pain. She is status post right shoulder surgery 6-19-2012. The physician notes that a cervical MRI dated 10-12-2015 has shown multilevel spondylosis. On 10-20-2015 the injured worker reported right shoulder and upper extremity pain, and she had developed myofascial pain in her neck in the right trapezius radiating to the right shoulder. She also noted numbness and tingling in the right hand but "not persistent." Pain was noted to become worse while working at her keyboard. Objective findings include "very" limited range of motion with the right shoulder in all planes. Documented treatment includes at least 12 physical therapy sessions and acupuncture stated to have helped her "use 50 percent less medication." She also had been using ibuprofen 600 mg twice a day as needed, but is noted to have stopped due to gastric "upset and issues." She has been treated with Voltaren Topical 1 percent gel, initially prescribed on 5-28-2015, and the physician states that this reduces her pain enabling her to continue working and be able to sleep. The note states that Voltaren "is the only thing helping her currently." She does not take opioids. A request was submitted for Voltaren topical gel 10 percent with 2 refills, but this was denied on 10-27-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren topical gel 1%, applied topically TID PRN 2gm, 30 days with 2 refills: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has shoulder and neck complaints. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.