

<b>Case Number:</b>	CM15-0036831		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 9, 2008. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for Voltaren gel. An RFA form received on January 28, 2015 was referenced in the determination, along with an office visit of the same date. On August 4, 2014, the applicant reported persistent complaints of neck and back pain, highly variable, 3-8/10. The applicant did have ancillary issues with upper and lower extremity paresthesias as well as depression, it was acknowledged. The applicant received multiple interventional spine procedures, including cervical neurotomy procedures and lumbar epidural steroid injection. The applicant was on Pamelor, Percocet, Nexium, Lyrica, and Voltaren gel. The applicant was asked to continue usage of a TENs unit. Permanent work restrictions were renewed. It was acknowledged that the applicant was not working following imposition of a rather proscriptive 15-pound lifting limitation. On February 10, 2015, the applicant again presented with neck pain, low back pain, and left shoulder pain. Once again, the applicant was not working with permanent limitations in place, it was acknowledged. Multiple medications, including Nexium, Percocet, Lunesta, Lyrica, and Voltaren gel, were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the cervical spine, lumbar spine, and shoulder, i.e., body parts for which topical Voltaren has not been evaluated. The attending provider did not furnish a clear or compelling rationale for provision of topical Voltaren in the face of the unfavorable MTUS position on the same for the body parts and/or diagnoses. Therefore, the request was not medically necessary.