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| <b>Case Number:</b>   | CM15-0050070 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 02/25/2006 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained a work/ industrial injury on 2/25/06. She has reported initial symptoms of neck, lumbar, and bilateral upper/lower extremity pain. The injured worker was diagnosed as having cervical and chronic right shoulder sprain/strain, cervical radiculopathy versus bilateral carpal tunnel syndrome, and anxiety, stress and depression. Treatments to date included medication, diagnostics, and physical therapy. Magnetic Resonance Imaging (MRI) of the cervical spine from 12/5/12 was negative. Currently, the injured worker complains of neck and lower back pain rated 6-7/10. The treating physician's report (PR-2) from 2/8/15 indicated the neck pain was worsening in the trapezius muscles bilaterally with muscle spasms and tension. The lower back pain was as 6-7 and had slightly improved. Examination of the cervical spine revealed tenderness over the midline and paraspinals as well as hypertonic paraspinals, limited flexion and extension, and compression test was positive. Exam of the lumbar spine revealed decreased range of motion, tenderness to the paraspinals equally, positive Kemp's sign bilaterally, and neurovascular status was intact distally. Exam of both wrists revealed positive Phalen's and Tinel's over the carpal tunnel, decreased grade 4/5 sensation in the median nerve distribution bilaterally. Trigger point injection was performed of the bilateral trapezius muscles. Medications included Tylenol #3 and Voltaren gel. Treatment plan included Voltaren Gel (Diclofenac Sodium topical gel) 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel (Diclofenac Sodium topical gel) 1% quantity 100gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, Topical Analgesics Page(s): 107, 111.

**Decision rationale:** Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as lumbar spine pain and Knee pain. Therefore, the request for Voltaren gel 1% is not medically necessary.