

<b>Case Number:</b>	CM15-0054149		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

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 49 year old female, who sustained an industrial injury on 02/05/1999. The initial complaints and diagnoses were not mentioned. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, trigger point injections, and urodynamic testing. Currently, the injured worker complains of continued chronic neck pain (intermittent flare-ups) radiating to the shoulder and occasional migraines. It was noted that medications and trigger point injections help to relieve her pain. The diagnoses include sprain of joints and ligaments in unspecified parts of the neck, spinal stenosis in the cervical region, degeneration of the cervical intervertebral disc, brachial radiculitis, and displacement of cervical intervertebral disc. The treatment plan consisted of continued medications (including topical Voltaren gel).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel:** Upheld

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

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

**Decision rationale:** This patient has a date of injury of 02/05/99 and presents with chronic neck pain that radiates into the shoulders. The patient also complains of occasional migraines. The current request is for Voltaren Gel. For topical agents, the MTUS Guidelines page 111 states: Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states: Neuropathic pain: Not recommended as there is no evidence to support. FDA approved agent: Voltaren gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for the treatment of the spine, hip, or shoulder. In this case, the patient presents with neck and shoulder pain and does not meet the indication for this medication as he does not present with osteoarthritis and tendinitis. Topical NSAID is recommended for acute and chronic pain conditions, particularly arthritis affecting the peripheral joints. The requested Voltaren gel Is Not medically necessary.