

<b>Case Number:</b>	CM15-0088727		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/12/2001
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Alabama, 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 61 year old female, who sustained an industrial injury on May 12, 2001. She reported right shoulder, right elbow and neck pain after falling from a ladder. The injured worker was diagnosed as having cervicalgia, cervical degenerative disc disease, shoulder joint pain, adhesive capsulitis of the shoulder, rotator cuff rupture, pain in the elbow joint, lateral and medial epicondylitis of the elbow and pain in the limb. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, pre and post-operative physical therapy, acupuncture, steroid injections, medications and work restrictions. Currently, the injured worker complains of continued right shoulder, right elbow and neck pain. She also reported low back pain related to a non-industrial cause. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she received multiple rounds of physical therapy with little benefit before surgical intervention. She also attended physical therapy after the right shoulder surgery with some benefit. She reported a decrease in pain with injections and medications. She was treated with a topical anti-inflammatory for elbow pain with some benefit. Evaluation on April 13, 2015, revealed continued pain as noted. Topical pain medication was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

**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 cervical spine pain, shoulder and knee pain. There is no evidence of osteoarthritis. Therefore, the request for Voltaren gel 1% is not medically necessary.