

<b>Case Number:</b>	CM15-0089786		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	07/11/2005
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 55-year-old female who sustained a work related injury July 11, 2005. Past history included cervicogenic headaches, carpal tunnel surgeries, and right shoulder surgery. An MRI of the cervical spine 12/10/2014, (report present in medical record), revealed increased size of disc osteophyte at C4-5 with central stenosis, cord recontouring and mild cord edema. According to a treating physician's report, dated March 31, 2015, the injured worker presented with headaches, stabbing, throbbing pain in her neck, with radiation down both upper extremities, and continuing to her hands. She is able to walk for 20 minutes before needing to rest. She is unable to take ibuprofen or oral pain medications, due to gastrointestinal issues and requests topical analgesic medication. She received an injection March 24th that was found to be 80% effective. Diagnoses are documented as chronic pain syndrome; carpal tunnel syndrome; brachial neuritis or radiculitis, not otherwise specified; degeneration of intervertebral disc; scapulargia; myalgia and myositis; cervical facet joint pain. Treatment recommendations for conservative measures; continue with use of heat, ice, rest, stretching, and exercise and at issue, a request for authorization for Voltaren Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Voltaren Gel 1% to skin 2gm two (2) times per day #2 tubes (DOS: 3/31/15): 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, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Voltaren (Diclofenac) gel 1% to skin 2 g BID #2 tubes date of service March 31, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are chronic pain syndrome; carpal tunnel syndrome; brachial neuritis or radiculitis; degeneration cervical intervertebral disc; scapulalgia; myalgia and myositis; cervical facet joint pain. Subjectively, according to the March 31, 2015 progress note, the injured worker has throbbing pain in the neck that radiates to the upper extremities. The VAS pain score is 6/10 with medication and 9/10 without medication. Objectively, there is decreased tenderness and tightness of the cervical region. Neurologically there is decreased sensation in the left C5 dermatome. Voltaren gel instructed to be applied to the skin BID. The anatomical location is not designated in the medical record. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation of osteoarthritis in the medical record. There is pain on and about the cervical spine, but Voltaren gel is not indicated for treatment of the spine, hip or shoulder. Additionally, there is no documentation with failed first-line treatment with antidepressants and anticonvulsants. Consequently, absent clinical documentation of failed first-line treatment, osteoarthritis in a joint that lends itself to topical treatment, and instructions with a specific anatomical location for the topical gel, retrospective Voltaren (Diclofenac) gel 1% to skin 2 g BID #2 tubes date of service March 31, 2015 is not medically necessary.