

<b>Case Number:</b>	CM14-0116910		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/30/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is a 1/30/2011. This patient receives treatment for chronic headaches, neck aches, and upper back pain. The patient received left C2-C3 facet joint injections twice. On exam there was tenderness on cervical palpation. Diagnoses include: peripheral neuropathy, lumbar disc disease, neck pain, and facet syndrome. Medications prescribed include naproxen and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%, #100:** Upheld

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

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

**Decision rationale:** Topical analgesics are considered experimental for the treatment of chronic pain, because clinical studies fail to show efficacy or safety. Voltaren gel is a topical NSAID. Topical NSAIDS may be indicated for the short-term treatment of osteoarthritis, but any benefit wears off after 2 weeks. This patient doesn't have osteoarthritis. Voltaren gel is not medically indicated.

