

<b>Case Number:</b>	CM14-0138475		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

The injured worker is a 67 year old female who had a work-related injury on 08/06/09. The injury was secondary to a trip and fall. The injured worker has been treated for this injury with physical therapy, acupuncture, occupational therapy, and had an anterior cervical discectomy and fusion at C5-6 on 12/08/12. She states she had 60% improvement from the surgery. Her evaluation on 03/25/14 she reported intermittent residual pain with prolong neck flexion movement. She also reported constant right shoulder pain and bilateral hand and wrist pain and paresthesia. Most recent medical record submitted for review is dated 07/22/14, the injured worker reported bilateral shoulder pain and mild intermittent bilateral hand and wrist pain. Physical examination revealed the patient had a positive Hawkin's and Neer's test with 175 degrees of forward flexion and 40 degrees of internal rotation as well as 5/5 strength with the belly press test. 4/5 strength with supraspinatus isolation. She was also noted to have a positive Tinel's sign and Phalen's maneuver bilaterally at the wrist with weakness bilaterally. She was instructed to continue home exercises. She was prescribed Voltaren gel 1% and Tramadol 50mg. Prior utilization review on 08/14/14 was denied. The current request is for Voltaren gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** 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 Voltaren Gel (Diclofenac) Page(s): 112.

**Decision rationale:** Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for this medication cannot be recommended as medically necessary at this time.