

<b>Case Number:</b>	CM14-0154160		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/14/2002
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 14, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; corticosteroid injection therapy; unspecified amounts of physical therapy; earlier cervical laminectomy surgery; and the apparent imposition of permanent work restrictions for medical-legal evaluation. In an August 28, 2014 progress note, the claims administrator failed to approve a request for Voltaren gel. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant was using Norco and Zanaflex for pain relief. The applicant was asked to continue with Norco, Cymbalta, Zanaflex, Effexor, and Amrix. The applicant was, once again, placed off of work. The applicant was asked to begin usage of Voltaren gel. In a May 21, 2014 progress note, the applicant was given prescriptions for Norco, Cymbalta, Zanaflex, Mobic, and Effexor. The applicant was placed off of work until the next visit. In a September 6, 2002 medical-legal evaluation, it was stated that the applicant should consider herself a qualified injured work on the grounds that her employer was unable accommodate proposed limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the [cervical] spine and shoulder, body parts for which Voltaren gel has not been evaluated. The attending provider did not furnish any compelling applicant-specific rational or medical evidence which would offset the tepid-to-unfavorable MTUS position on usage of Voltaren gel for the applicant's neck and shoulder pain. Therefore, the request was not medically necessary.