

<b>Case Number:</b>	CM14-0177911		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2014

### 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:

There were 79 pages provided for this review. The application for independent medical review was signed on October 27, 2014. It was for Voltaren gel 1% two tubes. There was a utilization review done from October 20, 2014. This is a 54-year-old female injured back in the year 2011. She missed a step on the staircase landing and fell, causing pain to her entire left arm. The diagnoses as of September 18, 2014 were displacement of the cervical intravertebral disc without myelopathy, neck pain, left hand, positive EMG with chronic C7 radiculopathy and severe cervical spondylosis. As of September 18, 2014, the patient still had complaints of debilitating neck pain that interfered with her daily activities. Her medicines included a fentanyl patch, Norco and Tramadol. There was no information available for the dosage of Fentanyl. She has been scheduled and approved for spinal surgery. An agreed medical reevaluation was noted from April 7, 2014. There was a March 13, 2014 permanent and stationary note. She missed a step and fell onto her left side falling onto her outstretched left hand and hyperextending her left elbow. She underwent nonoperative treatment. A cervical MRI scan showed stenosis at C3-C4 on the left as well as C5 and C7. She was treated nonoperatively for several years. She had for epidural steroid injections as well as physical therapy. As of the date March 13, 2014 she continued to be very symptomatic. She has primarily neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 2 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 86, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** Per the MTUS, Voltaren gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Moreover, there is no mention of failure of oral medicines, or contraindication to oral medicine usage. Moreover, as this person has neck pain and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on workers compensation or any patient. Therefore, this request is considered not medically necessary.