

<b>Case Number:</b>	CM14-0091282		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 58-year-old male with a reported date of injury on 03/20/2014. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include left rotator cuff tendinitis/biceps tendinitis, cervical spine strain with left radiculitis, lumbar spine strain with bilateral radiculitis, stress, anxiety and depression, and insomnia. The progress noted dated 05/14/2014 revealed the injured worker complained of burning to the cervical spine with weakness and dropping items. He denied radicular pain. The injured worker also complained of sharp shoulder pain with popping and clicking, and lower back pain with radiculopathy to the bilateral lower extremities to the mid calf. The physical examination revealed a decreased range of motion to the cervical spine, bilateral shoulders, and lumbar spine. Sensory and motor strength examination were within normal limits. The request for authorization form was for Voltaren ES every day #30. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel (diclofenac sodium topical gel) 1%.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Voltaren gel (diclofenac sodium topical gel) 1% is non-certified. The injured worker has been utilizing this medication since 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend The California MTUS Guidelines state topical analgesics primary for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines' indications for topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The FDA-approved agent is Voltaren gel 1%, indicated for the 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 the treatment of the spine, hip, or shoulder. The injured worker has not been diagnosed with osteoarthritis and his pain is limited to his back, neck, and shoulder, and the guidelines do not recommend topical NSAIDs for utilization in that area due to lack of evidence. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.