

<b>Case Number:</b>	CM14-0086899		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/2005
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 male, who sustained an industrial injury on 1/22/2005. The current diagnoses are chronic pain syndrome, cervical/lumbosacral spondylosis without myelopathy, post laminectomy syndrome of the cervical spine, lumbar disc displacement with radiculitis, brachial neuritis or radiculitis, adjustment disorder with mixed anxiety and depressed mood, thoracic or lumbosacral neuritis/radiculitis, and insomnia. According to the progress report dated 5/13/2014, the injured worker complains of neck pain with radiation into the back of his head and lower back pain radiating into both lower extremities. The average pain is rated 5/10, with the worst pain being 8/10, and the least pain being 4/10. The current medications are Flector, Dilaudid, and Lexapro. Treatment to date has included medication management, X-rays, computed tomography scan, MRI studies, physical therapy, electro diagnostic testing, psychotherapy, injections, myelogram, and surgical interventions. The plan of care includes prescription for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** The MTUS has specific guidelines regarding the use of Voltaren topical therapy. It is in the category of a topical non-steroidal anti-inflammatory medication. The efficacy has been inconsistent with the potential improvement seen over a very short duration of only 2 weeks. Its use 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. There is poor evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. As such, it would not be advised in this case. Therefore, the requested medical treatment is not medically necessary.