

<b>Case Number:</b>	CM15-0012739		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 62 year old male sustained an industrial injury via cumulative trauma on 5/10/11, with subsequent ongoing back, bilateral foot and shoulder pain. Magnetic resonance imaging left ankle (6/7/11) showed a recent subcortical trabecular fracture. In a progress report dated 12/16/14, the injured worker complained of pain 8-10/10 on the visual analog scale to bilateral feet with tingling, shooting pain and pinprick sensation. The injured worker reported that his gait was altered secondary to pain causing additional back pain. The injured worker reported that Voltaren helped with his left foot pain. Physical exam was remarkable for left leg jerking every five to thirty minutes, left acromial joint with tenderness to palpation, antalgic gait, full range of motion of the shoulder and tenderness to palpation to the left lumbosacral junction. Current diagnoses included shoulder pain and complex regional pain syndrome of left lower extremity. The treatment plan included bilateral shoulder magnetic resonance imaging, facet injection and medications (Lyrica, Effexor and Voltaren Gel). On 1/5/15, Utilization Review non-certified a request for Diclofenac (Voltaren) 1 Percent #1 Gel Tube citing the CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac (Voltaren) 1 Percent #1 Gel Tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac gel 1% one gel tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are depression with anxiety; sleep disorder; complex regional pain syndrome of the left lower extremity; peripheral neuropathy; lumbar sprain; and shoulder pain. The documentation does not contain evidence of osteoarthritis related pain in a joint that lends itself to topical treatments. The injured worker is being treated for complex regional pain syndrome of left lower extremity, lumbar region and shoulder. The documentation states the gel is being applied to the left ankle. As noted above, there is no underlying osteoarthritis and osteoarthritis pain. The diclofenac gel has not been evaluated for treatment of the spine, hip or shoulder. Consequently, absent clinical documentation indicating a clinical indication for Diclofenac gel 1% pursuant to the recommended guidelines, diclofenac gel 1%, one gel tube is not medically necessary.