

<b>Case Number:</b>	CM15-0123530		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/24/2005
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 52 year old female, who sustained an industrial injury on 12/24/2005. The mechanism of injury is injury from tripping over a carpet sweeper. The current diagnoses are cervical radiculopathy, cervical stenosis, cervicgia, chronic intractable pain, degenerative disc disease of the cervical spine, failed lumbar fusion, low back pain, and degenerative disc disease of the lumbar spine, migraines, obesity, and occipital neuralgia. According to the progress report dated 4/1/2015, the injured worker complains of low back pain with episodes of severe right- sided radicular pain, neck pain, and right shoulder pain. The level of pain is not rated. The physical examination reveals myofascial tenderness of the cervical and lumbosacral spine. The current medications are Cymbalta, Lidoderm patch, Norco, Topamax, Gabapentin, and Voltaren gel. Urine drug screen was inconsistent with prescribed medications. There is documentation of ongoing treatment with Voltaren gel since at least 12/15/2014. Treatment to date has included medication management, ice, physical therapy, TENS unit, MRI studies, functional restoration program, and surgical intervention. Her work status was not identified. A request for Voltaren gel has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1 percent #500gm tube with 3 refills: 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): 111-113.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical non-steroidal anti-inflammatory (NSAIDs) are 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. In addition, these agents are recommended for short-term use (4-12 weeks). In this case, there is documentation of ongoing treatment with Voltaren gel since at least 12/15/2014. The guidelines recommend Voltaren gel for short-term (4-12 weeks) symptomatic relief, and continuation for any amount of time does not comply with the recommended guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on the CA MTUS guidelines and submitted medical records, the request for Voltaren gel is not medically necessary.