

<b>Case Number:</b>	CM15-0127405		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year-old female who sustained an industrial injury on 02/21/13. She reported upper back and right shoulder pain. Initial diagnoses included right shoulder labral tear, and right shoulder impingement. Diagnostic tests and treatments to date include MRI, right shoulder surgery, physical therapy, pain medication management, epidural injection, trigger point injection, and TENS unit. Current diagnoses include cervicalgia, cervical radiculopathy, shoulder joint pain, muscle spasms, and fibromyalgia/myositis. Currently, the injured worker complains of chronic neck and right shoulder pain. Cervical epidural steroid injection and trigger point injections did not help her pain. Physical examination is remarkable for bilateral cervical paraspinous tenderness and spasms; there are palpable twitch positive trigger points in the head and neck muscles. Range of motion is decreased and painful. The injured worker is receiving greater than 50% relief while on opioid therapy. Requested treatments include Voltaren 1% topical gel 4 gm, 2 tubes with 2 refills. The injured worker is under temporary total disability. Date of Utilization Review: 06/04/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel 4 gm, 2 tubes with 2 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, NON-SELECTIVE NSAIDS Page(s): 111, 107.

**Decision rationale:** Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. Therefore, request for Voltaren Gel 1% with 2 refills is not medically necessary.