

<b>Case Number:</b>	CM15-0177887		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 3-30-2011. The injured worker was diagnosed as having cervical stenosis, cervical brachial syndrome, radiculitis, neck sprain-strain, intervertebral disc disorder with myelopathy, cervical region, cervical spondylosis with myelopathy, and degeneration of cervical intervertebral disc. Treatment to date has included cervical spinal surgery on 3-16-2015, trigger point injection, and medications. Currently (7-22-2015), the injured worker complains of "some pain in her neck, intermittently extending to the left shoulder and upper arm". Pain was not rated. Exam noted tenderness and spasms in the left paracervical area. Active voluntary range of motion of the cervical spine noted "very guarded in neck motion" and moderate pain at the extremes of motion. Motor exam was "felt to be normal in all major muscle groups of the upper extremities". Sensory exam was normal to light touch. Her work status remained modified with restrictions but increased to maximum 9 hour day. Her current medication regimen was not documented. On 6-25-2015, she reported slow but steady progress following her neck injury. She had been working four hours per day and was increased to 8 hours as of 6-29-2015. It was documented that she was provided with the "appropriate medications to maintain her condition". The treatment plan included Norco and Voltaren gel 1% (#5-100g tubes), non-certified by Utilization Review on 8-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% # 5 100mg tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with neck pain. The current request is for Voltaren gel 1% 5 100mg tubes. The treating physician's report dated 06/25/2015 (14B) does not provide a rationale for this request. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the physician does not provide a discussion as to how the patient will be utilizing this medication. Furthermore, the patient does not present with neuropathic pain, OA or tendinitis of the knee, elbow or other joints for which topical analgesics are indicated. The patient does not meet the criteria based on the MTUS Guidelines. The current request is not medically necessary.