

<b>Case Number:</b>	CM15-0069851		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/08/2004
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 59 year old female, who sustained an industrial injury on September 8, 2004. The injured worker has been treated for neck and shoulder complaints. The diagnoses have included chronic pain syndrome, carpal tunnel syndrome, pain in joint involving the shoulder, cervical degenerative intervertebral disc, cervicgia, headaches, rotator cuff syndrome of the shoulder, depression and myalgia and myositis. Treatment to date has included medications, H-wave unit, cervical stretching exercises, trigger point injections, electroencephalogram (EEG), acupuncture treatment, electrodiagnostic studies and a home exercise program. Current documentation dated March 26, 2015 notes that the injured worker reported severe burning neck pain on the left side that radiated into her left periscapular region. Physical examination of the cervical spine revealed significant tenderness to light palpation over the paraspinals and upper back with trigger point tenderness over the cervical paraspinals bilaterally. There was also pain noted with range of motion. Right shoulder examination revealed minimal tenderness over the anterior and posterior aspect. The treating physician's plan of care included a request for the retrospective topical medication Voltaren gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Voltaren gel 1% 20g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (page 111), NONSELECTIVE NSAIDS, pages 107 Page(s): 111.

**Decision rationale:** Voltaren Gel (Diclofenac) is a non-steroidal 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, shoulder and knee pain. Therefore request for Voltaren Topical Gel is not medically necessary.