

<b>Case Number:</b>	CM15-0070598		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 6/13/2002. Diagnoses include cervicgia, degeneration of cervical intervertebral disc and neck pain. Treatment to date has included medications, diagnostics, pain psychology sessions, acupuncture, physical therapy, home exercise and cervical traction. Per the Primary Treating Physician's Progress Report dated 1/22/2015 the injured worker reported bilateral neck pain right greater than left with radiation to the bilateral upper extremities. She also reported right upper extremity weakness and stiffness of the neck. Pain was rated as 7-8/10 at its worst on the right and 10/10 at its worst on the left. Physical examination revealed a normal gait and posture. She is described as in "no acute distress." There is no documented examination of the cervical spine or upper extremities. Pain behaviors are noted to be within expected context of disease. The plan of care included medications and authorization was requested for Voltaren gel and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel apply 2gms 4 time a day on affected area #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

**Decision rationale:** The MTUS lists diclofenac sodium gel as an FDA approved medication 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. Topical Voltaren is not a first-line treatment for neck pain. Of critical importance, however, the patient is noted to be taking oral NSAIDs per the provided documents. Use of topical Voltaren in conjunction with oral NSAIDs is contraindicated as topical treatment can result in blood concentrations and systemic effects comparable to oral forms, and therefore the request cannot be considered medically necessary.