

<b>Case Number:</b>	CM15-0078308		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/12/1998
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

Certification(s)/Specialty: Emergency 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:

This 66 year old female sustained an industrial injury on 11/12/98. She subsequently reported neck and back pain. Diagnoses include cervical sprain/strain and cervical disc herniation. Treatments to date have included x-ray and MRI studies, surgery and prescription pain medications. The injured worker continues to experience flare ups of neck pain. Upon examination, there is tenderness in the cervical musculature, mild/moderate muscle spasms are palpable and cervical range of motion is decreased in all planes. A request for Voltaren medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren (Diclofenac) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain noted to be mostly to neck and back which is not supported by guidelines. It is also unclear how long the patient has been on this medication or whether this is a new prescription; either way, the additional refill is not recommended as chronic use of topical NSAIDs could lead to significant side effects. Voltaren gel is not medically necessary.