

<b>Case Number:</b>	CM13-0018510		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year-old female with a work-related injury on 06/08/2010. The patient was treated with conservative care and she is status post left shoulder surgery on 1/25/12. The patient's subjective complaints include continued discomfort affecting the cervical spine radiating toward the intrascapular area and left shoulder, and paresthesias affecting both hands with variable symptoms. Diagnoses include left shoulder pain; persistent after surgery 01/25/2012, bilateral rotator cuff tendinitis; Left de Quervain's; Soft tissue pain both upper extremities; carpal tunnel syndrome (CTS.) She was given a prescription for Voltaren 1% gel to be used 2-3/day over affected extremities. A physician's note from 9/27/13 indicates the patient completed therapy with some reduction in pain. She also takes Zanaflex and hydrocodone/acetaminophen. A note from 11/26/13 indicates shoulder problems improving with PT and her major residual problem is paresthesia of right greater than left. There is mention of positive electrodiagnostic test on 6/11/13 for right CTS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% qty:100 20 day supply with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Voltaren is "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." The MTUS Chronic Pain Guidelines state that topical analgesics are experimental. Regarding topical NSAIDs the MTUS Chronic Pain Guidelines state there is limited evidence the medication works beyond 2 weeks. This treatment asks for a one month supply. The medical records provided for review indicate the patient has been taking NSAIDs since the date of injury. In addition, the ACOEM Guidelines do not recommend topical NSAIDs. Finally, there is no indication in the medical records provided for review that the medication cannot be taken in a different oral form. The request for Voltaren 1% is not medically necessary and appropriate.