

<b>Case Number:</b>	CM14-0019525		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/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 injured employee is a 40-year-old female who states that she sustained a work related injury on December 8, 2012, when she was struck by a rack. The claimant has complained of neck and shoulder pain, which has been managed with Ultracet, Voltaren Gel, Thermacare heat patches, and physical therapy. The injured employee was most recently seen on January 23, 2014, and complained of a flareup of pain in her neck and shoulder. The physical examination on this date noted decreased cervical spine range of motion, right shoulder abduction to 120, forward flexion to 120, and extension 230. There was a positive impingement sign. A prior right shoulder MRI was stated to show tendinopathy of the supraspinatus tendon and a partial undersurface tear. Medical problems were stated to be a cervical sprain/strain, myofascial pain disorder, lumbar sprain/strain history, and right shoulder tendinopathy. It was a prior non-certification for Voltaren gel dated January 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1%:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines recommend the use of topical analgesics such as Voltaren gel for osteoarthritic pain. The injured employee has no history of osteoarthritis in her right shoulder but rather appears to use this medication for myofascial pain as indicated in the attached medical records. As Voltaren gel is only indicated for use for osteoarthritic pain, this request is not medically necessary.