

<b>Case Number:</b>	CM14-0133353		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 worker is a 68-year-old female who reported an injury on 01/07/2005 caused by unspecified mechanism. The injured worker's treatment history included physical therapy, medications, MRI studies, EMG/NCV studies, epidural steroid injections and urine drug screening. The injured worker was evaluated on 04/09/2014 and it was documented that the injured worker complained of neck pain radiating from the neck down to the right arm, right shoulder pain, right wrist pain, and right hand pain. Pain level has increased since last visit. Pain in neck was 10/10. Pain in right shoulder was a 10/10. Pain in right wrist/hand was a 4/10. Pain in right elbow was a 4/10. The injured worker stated medication as prescribed was working well with no side effects. On physical examination of the neck, there was tenderness noted in the cervical spine. The injured worker had right sided paracervical muscles, right sided trapezius, right side tenderness as well. Muscle tone of trapezius was increased and there was palpable tenderness on the right. The right shoulder movement was restricted with flexion, limited to 105 degrees, and abduction limited to 95 degrees. Hawkins test was positive. Neer's test was positive. Empty can test was positive. Lift-off test was positive. On palpation, tenderness was noted in the acromioclavicular joint, biceps groove, genohumeral joint, and superior aspect of right shoulder, supraspinatus, and infraspinatus. Diagnoses included cervical disc degenerative, extremity pain right, shoulder pain right, and cervical radiculopathy. Medications included Norco 10/325 mg, Lyrica 50 mg, and Voltaren 1% gel. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel (100gm tube) #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Voltaren Gel 1 %, Page(s): 112.

**Decision rationale:** The California MTUS Guidelines states that Voltaren Gel 1% (diclofenac) is recommended 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 documents submitted lacked outcome measurements of prior physical therapy sessions, chiropractic treatments medication management and home exercise regimen. In addition the request lacked frequency, duration and location where the medication is supposed to be applied for the injured worker. Given the above the request for Voltaren 1 % gel (100gm tube) # 1 is not medically necessary.