

<b>Case Number:</b>	CM14-0156424		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 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:

This is a 50-year old female with a 3/22/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/19/14 noted subjective complaints of neck and shoulder pain. Objective findings included right shoulder tenderness. An appeal letter dated 9/22/14 states that the patient uses Voltaren over the neck, the right shoulder, and the back. The directions are for Voltaren apply to R shoulder Q8hr. Diagnostic Impression: neck pain Treatment to Date: medication management A UR decision dated 8/28/14 denied the request for Voltaren gel 1% 20 gm #2. The guidelines do not recommend the use of Voltaren for use in the shoulder or spine, both of which the patient had complaints about on the current 8/19/14 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaran gel 1%, 20gm, #2:** Upheld

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

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

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, the locations (shoulder, back, neck) in which the patient is documented to use Voltaren have not been studied. There is no evidence for its efficacy. Additionally, there is no clear documentation of osteoarthritis in the shoulder or spine. Therefore, the request for Voltaren gel 1%, 20 gm, and #2 was not medically necessary.