

<b>Case Number:</b>	CM14-0158358		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 41-year-old female with a date of injury of December 5, 2008. She developed mid to upper back pain, shoulder pain and radiating pain to the arms as a consequence it seems of repetitive work at the dry cleaners. Her diagnoses include chronic pain syndrome, chronic neck pain, shoulder pain, thoracic spine pain, myalgia and myositis not otherwise specified depression, and anxiety. The physical exam reveals tenderness to palpation of the trapezii musculature and slightly diminished cervical range of motion. On May 29, 2014 it was documented that the injured worker had full, active, pain-free range of motion to both elbows and shoulders. The prescribed topical anti-inflammatory Solarze is listed as being prescribed for the myalgia and myositis chronic/unspecified. This medication has been previously denied. And appeal letter from the treating physician stated that the medication was being used in the upper extremities and that it was his opinion that the joints accepted for Workmen's Compensation were surely covered by the medication i.e. elbows and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solaraze 3% #3 type: NSAID route topical: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical NSAIDs

**Decision rationale:** Per the ODG parameters, topical anti-inflammatories such as Solaraze 3% (Voltaren) are appropriate for osteoarthritis and tendinitis, in particular, that of the knee, elbow, and hand or other joints that are amenable to topical treatment. These medications are recommended for short-term use (4-12 weeks). The American Academy of Orthopedic Surgeons recommends topical NSAIDs if there is increased GI risk with use of NSAIDs as one option for treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the hip or shoulder. There is no evidence to recommend a NSAID dosage form other than an oral formulation for low back pain. The guidelines are quite clear in that topical NSAIDs are not to be used for widespread musculoskeletal pain. In this instance, there is no evidence from the reviewed record that the injured worker has osteoarthritis or tendinitis of the elbows or shoulders. It is quite clear that the medication Solaraze 3% is being used chronically and for widespread musculoskeletal pain. Therefore, Solaraze 3% is not medically necessary under the above guidelines.