

<b>Case Number:</b>	CM14-0159716		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management 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:

The injured worker is a 60 year old male with a date of injury on 12/1/2002. He is diagnosed with (a) shoulder pain, (b) elbow pain, (c) ulnar neuropathy, (d) lateral epicondylitis, (e) mood disorder, and (f) pain in limb. He was seen on August 28, 2014 for an evaluation. He reported that pain level had remained unchanged. Quality of sleep was poor. Activity level had remained the same. An examination of cervical spine revealed restricted range of motion. There was tenderness over the right cervical facet joints. An examination of the right shoulder revealed limited range of motion. Hawkin's, Neer's, shoulder cross over, lift-off, and drop arm tests were positive. There was tenderness over the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. An examination of the right elbow revealed healed scars over the medial and lateral epicondyle. There was tenderness over the lateral epicondyle, medial epicondyle, and soft tissue distal to the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Volataren 1% gel, apply 3-4 times to the affected site as needed (100 gm tube), with 1 refills for the cervical spine, right shoulder, and right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Voltaren 1% gel #3 is not medically necessary at this time. According to the California Medical Treatment Utilization Schedule, there is little evidence to prove the efficacy of topical analgesics.