

<b>Case Number:</b>	CM14-0032052		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, two shoulder surgeries, reported diagnosis with shoulder arthritis, Synvisc injections for the shoulder, and topical agents. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for topical Voltaren gel. The applicant's attorney subsequently appealed. On February 4, 2014, the applicant was described as having persistent complaints of shoulder pain with residual stiffness. Flexion and abduction were in 170-degree range, however it was stated that the applicant was working regular duty. The applicant was asked to continue Naprosyn and topical Voltaren gel. The attending provider stated that topical Voltaren was supplementing the applicant's ongoing usage of oral Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 112, Topical Diclofenac/Voltaren section.2. MTUS 9792.20f Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does state that Voltaren gel has not been evaluated for the treatment of the shoulder, the principal pain generator here, in this case, however, the MTUS's tepid position on Voltaren gel is augmented by the applicant's demonstration of functional improvement as defined in the MTUS 9792.20f through ongoing usage of the same. The applicant has returned to regular duty work at [REDACTED]. The applicant's shoulder range of motion has essentially normalized. The applicant is not using any oral opioids. The applicant's usage of Voltaren gel, thus, by all account, appears to have generated appropriate functional improvement as defined in the MTUS 9792.20f. Continuing the same, on balance, is indicated, despite the tepid MTUS position on the same. Accordingly, the request is medically necessary.