

<b>Case Number:</b>	CM14-0062063		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 51-year-old male with a 11/10/10 date of injury, and status post left shoulder arthroscopy 3/18/11. At the time of the decision for Voltaren Gel 1% there is documentation of subjective findings stating 6/10 pain with occasional numbness and tingling that gets worse with pushing, pulling, and reaching. Objective findings are prominent left acromioclavicular joint with slight local tenderness and a minimal suggestion of fluctuance, some discomfort with acromioclavicular grind testing and shoulder shrug, left shoulder abduction to 90 degrees gives pain in region of acromioclavicular and lateral acromion. The current diagnoses is left shoulder sprain, biceps tendon versus rotator cuff versus labral tear. The treatment to date is medications including ongoing treatment with Norco. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, the intention to treat over a short course, and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Diclofenac Sodium.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. Official Disability Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of left shoulder sprain, biceps tendon versus rotator cuff versus labral tear. However, despite documentation of subjective and objective findings, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of the intention to treat over a short course. Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren Gel 1% is not medically necessary.