

<b>Case Number:</b>	CM13-0029953		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	07/16/2011
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	09/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 was a 54-year-old woman was being treated for low back pain and bilateral shoulder pain. The injured worker's current medications or lidocaine 5% ointment, Norco. 10/325 mg 14 times a day, Voltaren 1% gel; Neurontin 300 mg capsule one to two at bedtime, tamoxifen, albuterol inhaler, Lisinopril. The injured worker has a past medical history of bilateral shoulder surgeries, bilateral carpal tunnel release surgery and left breast surgery. The injured worker's working diagnoses are cervical chronic myofascial pain secondary to cumulative trauma; lumbosacral strain; low back contusion and strain with left lower extremity radiculopathy; and bilateral shoulder impingement with supraspinatus tear. The worker underwent arthroscopic surgery for rotator cuff tear on November 16, 2012. Physical examination was notable for well healed arthroscopic incisions; range of motion was restricted and help patient was tenderness at the acromioclavicular joint, biceps groove and subdeltoid bursa. The latest referral was for Lyrica 25 mg #90 and Voltaren 1% gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, three count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, a progress note dated December 12, 2014 indicates the injured worker has been using Voltaren gel prior to this visit. The current diagnosis is shoulder pain. Under the treatment plan the history is a bit more specific with bilateral shoulder impingement syndrome of limitations in range of motion of the shoulder; status post right shoulder arthroscopic repair; status post left shoulder arthroscopic repair; bilateral bicycle tendinitis; and chronic bilateral shoulder pain. The documentation does not contain evidence of objective functional improvements associated with Voltaren gel. Voltaren is indicated for relief of osteoarthritis related pain. There is no evidence of osteoarthritis pain. Voltaren gel has not been evaluated for treatment of the shoulder. Consequently, absent clinical documentation to support the need/indication for application to the shoulder and the lack of osteoarthritis related pain, Voltaren gel 1%, three count is not medically necessary.