

<b>Case Number:</b>	CM14-0160391		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/21/2003
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female, who sustained an industrial injury on 05/21/2003. She has reported left shoulder and elbow pain. The diagnoses have included chronic pain syndrome; shoulder joint pain; and reflex sympathetic dystrophy of the upper limb. Treatment to date has included medications, shoulder injections, physical therapy, home exercise program, and surgical intervention. Medications have included Hydrocodone/Acetaminophen, Gabapentin, Tizanidine, and Voltaren topical gel. A progress note from the treating physician, dated 11/12/2014, documented a follow-up visit with the injured worker. The injured worker reported continued severe left shoulder girdle and left upper extremity pain. Objective findings included left shoulder abduction limited to 130 degrees; left shoulder flexion at 150 degrees; and there are multiple myofascial trigger points in the trapezius muscles. Request is being made for Voltaren 1% topical gel QTY: 3 100 gm tubes. On 09/11/2014 Utilization Review noncertified a prescription for Voltaren 1% topical gel QTY: 3 100 gm tubes. The CA MTUS was cited. On 09/24/2014, the injured worker submitted an application for IMR for review of a prescription for Voltaren 1% topical gel QTY: 3 100 gm tubes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel QTY: 3 100gm tubes with 1 refill: 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 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.