

<b>Case Number:</b>	CM14-0205425		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/11/1991
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 & Rehabn

### 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 patient is a 54 year old male with an injury date of 02/11/91. Based on the 10/22/14 progress report provided by treating physician, the patient complains of pain in the left shoulder, ankle and lower back with radiation anteriorly bilaterally into the abdomen. The patient is status post multiple left leg surgeries, dates unknown. Patient is status post two back surgeries, dates unknown. Range of motion was decreased, especially on abduction 75 degrees. Patient has had multiple ESIs, dates unknown. Patient has had PT in the past, dates unknown. Patient's current medications include OxyContin, Gabapentin and Flexeril. CT of the left shoulder on 11/04/14 showed severe glenohumeral joint osteoarthritis with large osteophytes and numerous intra-articular bodies and synovitis. Degenerative tearing predominately involving the anterior labrum. Per treater report dated 11/10/14, the patient is temporarily totally disabled. Diagnosis (10/22/14)- Back Pain- Leg Pain- Shoulder Pain The utilization review determination being challenged is dated 11/15/14. The rationale follows: "guidelines note a lack of long term studies as to the efficacy or safety of this medication. Furthermore, there is little evidence supporting topical NSAIDs for treatment of osteoarthritis of the shoulder." Treatment reports were provided from 05/27/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac (Voltaren) 1% topical gel, 240gm with 1 refill: Upheld**

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

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

**Decision rationale:** The patient presents with pain in the left shoulder, ankle and lower back with radiation anteriorly bilaterally into the abdomen. The request is for DICLOFENAC (VOLTAREN) 1% TOPICAL GEL, 240GM WITH 1 REFILL. The patient is status post multiple left leg surgeries, dates unknown. Patient is status post two back surgeries, dates unknown. Range of motion was decreased, especially on abduction 75 degrees. Patient has had multiple ESIs, dates unknown. Patient has had PT in the past, dates unknown. Patient's current medications include OxyContin, Gabapentin and Flexeril. CT of the left shoulder on 11/04/14 showed severe glenohumeral joint osteoarthritis with large osteophytes and numerous intra-articular bodies and synovitis. Degenerative tearing predominately involving the anterior labrum. The patient is TTD.MTUS p111 support topical NSAIDs for the treatment of peripheral joint arthritis/tendinitis type of conditions. Per report dated 10/22/14, treater states " [REDACTED] would likely benefit from an NSAID as well to reduce his inflammation and to prevent flare ups. I trialed him on Zipsor but it actually worsened his pain." It would appear that the patient was tried on oral Diclofenac without benefit. The treater wants the patient to try topical voltaren which would be reasonable if it is to be used for peripheral arthritis/tendinitis condition. However, the patient presents with neck, shoulder and back problems mostly and the treater does not specify where the topical will be used. The request IS NOT medically necessary.