

<b>Case Number:</b>	CM15-0132536		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 47 year old male, who sustained an industrial injury on 7/31/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder internal derangement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/8/2015, the injured worker complains of left upper extremity pain. Physical examination showed left upper extremity tenderness with decreased range of motion. The treating physician is requesting Voltaren gel 1%-120 ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Library of Medicine (PubMed); Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is documentation of concomitant prescriptions for oral ibuprofen and topical Voltaren. It should be noted that the FDA label for Voltaren recommends no other NSAID be simultaneously prescribed. Additionally, there is no documentation that the patient is unable to tolerate oral NSAIDs, which would be preferred given that these are first line agents, or that the voltaren is intended for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.