

<b>Case Number:</b>	CM15-0132904		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/23/2015
<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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 61-year-old female, who sustained an industrial injury on December 1, 1999. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having osteoarthritis bilateral shoulders. Diagnostic studies to date have included: On April 22, 2014, x-rays of knee revealed mild osteoarthritis. On December 16, 2014, x-rays of the bilateral shoulders revealed mild osteoarthritis of the left glenohumeral joint. There was deformity of the left humerus related to old, healed fractures. There had been internal fixation of the proximal left humerus. There was right humeral head prosthesis and the stem of the prosthesis did not protrude beyond the lateral cortex of the proximal mid right humerus. There was a deformity of the mid right humerus from an old, headed fracture, which healed with mild to moderate angulations at the fracture site. Surgeries to date have included bilateral shoulder arthroscopic capsular release and debridement on August 2, 2009, a right shoulder arthroscopic debridement and global capsular release on June 8, 2010, and right shoulder total arthroplasty in 2011. Treatment to date has included a home exercise program and medications including oral analgesic, topical analgesic, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: June 2, 2013. Comorbid diagnoses included history of diabetes, arthritis, and gastric reflux. On May 22, 2015, the injured worker complained of continued bilateral shoulder pain throughout the day and limited range of motion, which is unchanged from the prior visit. The physical exam revealed bilateral shoulders with active abduction to 90 degrees with marked scapulohumeral dysrhythmia, active forward flexion to 90 degrees, and demonstrated internal

rotation contractures at approximately 30 degrees. The treatment plan includes continuing the Voltaren 1% topical diclofenac gel applied to the bilateral shoulder when necessary for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren 1% topical diclofenac gel #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. According to the MTUS guidelines, Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The medical records show that the injured worker was being treated for osteoarthritis of her shoulders with 1% Voltaren (Diclofenac) topical gel applied to her shoulders since at least July 2014. The use of the topical analgesic gel for the treatment of osteoarthritis of the shoulders is not supported by the guidelines. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.