Case Number:	CM15-0137035		
Date Assigned:	07/27/2015	Date of Injury:	03/09/2011
Decision Date:	09/23/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 03/09/2011 resulting in injury to the right shoulder. Treatment provided to date has included: medications and conservative therapies/care. Diagnostic testing reports were not available for review, but the progress notes report the following findings: MRI of the cervical spine (2012) showing stable multilevel cervical spondylosis with central canal stenosis at C3-4 and C5-6; and a MRI of the right shoulder (2011) showing acromioclavicular joint arthritis, and supraspinatus and infraspinatus tendinopathy without evidence of tear. A functional capacity evaluation (2012) was done and the injured worker was reportedly capable of performing many functions activities; but, these were noted to be self-limited due to subjective complaints of increased neck, bilateral shoulder, arm and hand pain. There were no noted comorbidities or other dates of injury noted. On 06/16/2015, physician progress report (PR) noted complaints of persistent right shoulder pain and thoracic pain. No pain rating or description of pain was mentioned in this report; however, previous PRs showed pain level of 7/10 on 05/06/2015, 8/10 on 04/03/2015, 8/10 on 02/27/2015, and 6/10 on 01/23/2015 despite the continued use of Voltaren gel and oral pain medications. The right upper and mid thoracic pain, as well as the right shoulder pain, was reported to be worse with repetitive activities using the upper extremities. Additional complaints included neck pain associated with intermittent headaches, intermittent numbness and tingling in the right 3rd and 4th digits. Recent medications included nortriptyline which was reported to be helpful with neuropathic pain and ability to sleep, but was denied by insurance carrier. Current medications include Norco, and Voltaren gel which was reported to be helpful with pain and without adverse

effects. The review of systems noted acid reflux and headaches. The physical exam revealed protective of the right upper extremity, dysesthesia to light touch in the right C6 and C7 dermatomes, right shoulder abduction and forward flexion of 100°, and 5/5 strength in the upper extremities except for the right shoulder abduction and forward flexion. The provider noted diagnoses of cervical facet pain, possibility of cervical radiculopathy, right shoulder adhesive capsulitis, right shoulder rotator cuff tendinitis, insomnia secondary to pain, reflux associated with pain medications, and right lateral epicondylitis. Plan of care includes new prescriptions for gabapentin and omeprazole, and refills on Norco and Voltaren gel. The injured worker's work status remained temporarily partially disabled with restrictions. The request for authorization and IMR (independent medical review) includes: Voltaren gel 1% 31 day supply quantity: 500.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% day supply 31; qty 500: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, although Voltaren gel was recently trialed (no record of having used it prior to May/2015), and had some benefit without side effects, there was no mention of the details such as which body areas it was used on (neck and shoulder are not approved body areas for this medication), what the pain level was with this medication compared to without, and functional gains directly related to its addition to the medication regimen. All this would be required before consideration can be made for approval. Regardless, the request for Voltaren gel seemed to be intended for more than acute care, but more for chronic care for which no form of NSAID is warranted due to significant long- term side effects with daily use. Therefore, the Voltaren gel is not medically necessary at this time.