

<b>Case Number:</b>	CM15-0137228		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina, Georgia  
 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 61 year old male, who sustained an industrial injury on October 25, 2013. He reported pain in the right shoulder and neck. The injured worker was diagnosed as having pain in the right shoulder joint, cervical degenerative disc disease, status post cervical epidural steroid injections (ESI) and status post right shoulder surgery in June, 2014. Treatment to date has included diagnostic studies, radiographic imaging, right shoulder surgical intervention, conservative care, medications and work restrictions. Currently, the injured worker complains of continued cervical pain and right shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain as noted. A cortisone injection was administered in the right shoulder. He noted he would like to discuss a compound cream. Evaluation on April 21, 2015, revealed continued pain as noted. He reported the shoulder was not doing well. He was scheduled to see pain management. Evaluation on June 15, 2015, revealed continued pain as noted. He reported the pain as moderate to severe and rated the pain at 7 on a 1-10 scale with 10 being the worst. Voltaren 1% gel 100mg #1 tube was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel 100mg #1 tube: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studies for use on spine, hip and shoulder. Voltaren gel for application to shoulder is not medically necessary.