

<b>Case Number:</b>	CM15-0147535		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

### 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 71 year-old male who sustained an industrial injury on 10-28-13. He reported knee and hand pain status post fall. The injured worker was diagnosed with sprain of the right shoulder, bilateral wrist-hand, lumbar spine, and right knee. Prior diagnostic testing and treatments included x-rays, over-the-counter anti-inflammatory medication, and Lidoderm patches. Currently, the injured worker complains of widespread pain most significant in the right knee, right shoulder, and lumbar spine. Current diagnoses include sprain of shoulder, knee pain, chronic pain syndrome, shoulder pain, lumbar sprain, and sprain of wrist and-or hand. Diagnostic testing and treatment to date has included MRI of the right knee and shoulder, right shoulder injection, physical therapy, anti-inflammatory medication, and topical medications. In a progress note dated 06-19-15, the treating physician reports the injured worker is responding well to physical therapy; his muscles are sore from the extra activity, and his shoulder pain has flared up again. Requested treatments include Voltaren 1% topical gel 100gm #1. The injured worker is under modified work restrictions. Date of Utilization Review: 06-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel 100gm #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22; Topical Analgesics, pages 111-113.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2013 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren 1% topical gel 100gm #1 is not medically necessary and appropriate.