

<b>Case Number:</b>	CM15-0187389		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Massachusetts

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 65 year old male, who sustained an industrial injury on 2-11-08. The documentation on 9-3-15 noted that the injured worker has complaints of neck pain and left shoulder pain. The injured worker rates his pain with medications as 1 on a scale of 1 to 10 and without medications as 2 on a scale of 1 to 10. Cervical spine examination revealed restricted range of motion with flexion; flexion is limited to 48 degrees, extension limited to 32 degrees; right lateral bending limited to 18 degrees limited by pain and left lateral bending limited to 22 degrees limited by pain. On examination of paravertebral muscles, tenderness, tight muscle band and trigger point is noted on the left side. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes are equal and symmetric. Left shoulder examination reveals movements are restricted with flexion and abduction. On palpation there is tenderness noted in the subdeltoid bursa. The diagnoses have included shoulder pain; spasm of muscles and cervical strain. Treatment to date has included voltaren gel; celebrex; flexeril and home exercise program. Urine toxicology report was consistent with prescribed medications except negative for flexeril which the injured worker uses sparingly for muscle spasms. The original utilization review (9-16-15) non-certified the request for voltaren 1 percent gel with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in February 2008 and continues to be treated for neck and left shoulder pain. When seen, pain medications were allowing him to remain functional. Physical examination findings included a body mass index over 34. There was decreased and painful cervical spine range of motion. There were cervical paravertebral trigger points with tenderness. Spurling's testing was negative. There was decreased left shoulder range of motion with positive impingement testing and subdeltoid bursa tenderness. Celebrex and Voltaren gel were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.