

<b>Case Number:</b>	CM15-0190342		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California

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 4-23-2010. The injured worker was diagnosed as having shoulder pain, adhesive capsulitis of shoulder, osteoarthritis of the shoulder, rotator cuff injury, and rotator cuff syndrome of the left shoulder. Treatment to date has included left shoulder surgery in 2013 and 1-2014, trigger point injections, and medications. Currently (8-24-2015), the injured worker complains of pain in the left shoulder and neck. His shoulder pain was rated 5 out of 10 (6 out of 10 on 5-21-2015 and 2 out of 10 on 2-25-2015). He was documented to have completed a functional capacity evaluation and was "excited by the possibility of going back to work". He reported that over activity caused increased pain and he found Voltaren gel most helpful. He reported "pain is worse now with the colder winter months". The severity of his shoulder problem was "moderate". Associated symptoms included joint stiffness and loss of function. He was documented as tolerating medications well, without side effects. An allergy to codeine was noted. Current medications prescribed included oral Naprosyn, Norco, and Voltaren gel. The treating physician also documented that "he is not now on any opioids" since at least 2-25-2015. It was also documented that he stopped Norco, Nortriptyline, and Naproxen and was now on Voltaren gel and Skelaxin (documented since at least 2-25-2015). Exam of the left shoulder noted no erythema, no swelling, tenderness, no crepitus, no pain, and normal range of motion. Cervical exam noted bilateral tenderness and pain and "TP mild at left supraspinatus, splenius capitus, cervical paraspinal on left". No changes in his left shoulder exam were noted since at least 2-25-2015. Gastrointestinal complaints were not documented. The treatment plan included Voltaren gel 1% topical gel, 4gm, apply topically four times daily, #300 gram with 5 refills, non-certified by Utilization Review on 9-05-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% topical gel, 4gm, apply topically four times daily, #300 gram with 5 refills:**  
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 rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months along with oral NSAIDS and opioids. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel with 5 refills is not medically necessary.