

<b>Case Number:</b>	CM15-0201426		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Emergency Medicine

### 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 49 year old male who sustained an industrial injury on 6-27-13. The diagnosis is noted as chronic persistent right shoulder pain. Subjective complaints (8-21-15) include right shoulder pain rated 9 out of 10 and 8 out of 10 with Motrin. "He states what was working more effectively was Voltaren gel. He would put that on 4 times a day with some heat and pain levels would come down to 4-5 out of 10." Objective findings (7-24-15) include good range of motion of the right shoulder with pain throughout motion, 3cm tall x 4cm in diameter swelling over the right acromioclavicular joint, "it feels fluid filled", and tenderness to palpation to that area without warmth or redness. Medications are Ibuprofen 800mg 2-3 a day and Voltaren gel 1% 4 grams 4 times a day to the right shoulder. Previous treatment includes medication, ice, Cortisone injections, acupuncture, and at least 2 months of physical therapy. Work status is no repetitive use of the right shoulder, no lifting over 20 pounds. The requested treatment of Voltaren gel 1% #5 tubes was non-certified on 9-16-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #5 Tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren Gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Voltaren Gel 1% #5 Tubes, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has right shoulder pain rated 9 out of 10 and 8 out of 10 with Motrin. "He states what was working more effectively was Voltaren gel. He would put that on 4 times a day with some heat and pain levels would come down to 4-5 out of 10." Objective findings (7-24-15) include good range of motion of the right shoulder with pain throughout motion, 3cm tall x 4cm in diameter swelling over the right acromioclavicular joint, "it feels fluid filled", and tenderness to palpation to that area without warmth or redness. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren Gel 1% #5 Tubes is not medically necessary.