

<b>Case Number:</b>	CM15-0205097		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 56-year-old female with an industrial injury dated 05-01-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc, fibromyositis and enthesopathy of the shoulder region. According to the progress note dated 07-28-2015, the injured worker presented for chronic pain. Documentation noted that the pain is unchanged. Pain level was 6 out of 10 with medications and average pain 8 out of 10 on a visual analog scale (VAS). Objective findings (07-28-2015) revealed tenderness to palpitation over the left greater trochanter, which reproduces the symptoms. According to the progress note dated 09-21-2015, the injured worker reported bilateral low back pain with radiation to left lower extremity and left hip. The injured worker also reported stiffness of low back with spasms and sleep interference. Pain level was 5 out of 10 on a visual analog scale (VAS). Medications include Flector, Lidoderm, Metformin, Ultracet, Voltaren and Zolpidem. Objective findings (08-24-2015, 09-21-2015) revealed joint tenderness in the acromioclavicular joint (AC) of left upper extremity and limited flexion in the left upper extremity. Treatment has included diagnostic studies, prescribed medications (Voltaren 1% topical gel prescribed on 09-21-2015), left epidural steroid injection (ESI), aquatic therapy, functional restoration program (08-11-2014) and periodic follow up visits. The utilization review dated 09-30-2015, non-certified the request for Voltaren 1% topical gel 100 gram tube #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel 100 gram tube #1:** Upheld

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

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

**Decision rationale:** With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.