

<b>Case Number:</b>	CM15-0039104		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 (IW) is a 47-year-old female who sustained an industrial injury on 07/20/2007. Diagnoses include chronic intractable neck pain (secondary to cervical degenerative disc disease); status post left shoulder arthroscopy (secondary to rotator cuff tear) and chronic pain syndrome. Treatment to date has included medications, physical therapy and surgery. Diagnostics performed to date included x-rays and MRI. According to progress notes dated 9/4/14, the IW reported persistent left shoulder pain, severe anxiety and panic attacks with difficulty sleeping. On exam, there were multiple trigger points and cervical paraspinal tenderness. A prescription for Voltaren gel was requested for left shoulder pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% day supply: 30 Qty: 400 Refills: 0 Rx date 02/02/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with the left shoulder pain and neck pain. The request is for Voltaren Gel 1% day supply: 30 Qty: 400 Refills: 0 Rx date 02/02/2015. The work status is not available. The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for peripheral joint arthritis/tendinitis problems. Review of reports does not show starting date of this medication but it is listed as current medication since 08/07/14. Per 09/04/14 report, the treater noted that the Voltaren Gel is for the shoulder pain. In this case, there is no documentation of positive response or improvement regarding Voltaren Gel. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Voltaren Gel is indicated. The request IS NOT medically necessary.