

<b>Case Number:</b>	CM15-0042407		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, 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 24 year old female who sustained an industrial injury on 12/8/2013. Recently she reported complaints to the left shoulder. The injured worker has been diagnosed with, and/or impressions were noted to include, left shoulder joint pain; left full thickness rotator cuff tear - complete rupture; closed fracture of the upper end of humerus - left; and pain in the elbow joint. Treatments to date have included consultation; magnetic resonance imaging studies; left shoulder arthroscopy, rotator cuff repair and decompression surgery (4/10/14); post-operative physical therapy; exercise program; and medication management. Recent case notes of 11/7/2014, note complaints for post-operative anterior based pain and bicep pain with burning, said to be common, and that she was back to work on restricted duties. The progress report of 2/5/2015 is hand written and mostly illegible, but is noted to recommend continuation of medications that include Voltaren gel, and that she is tolerating return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel 100 grams, applied as directed daily as needed to the Left Shoulder:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

**Decision rationale:** With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. In the case of this injured worker, there is documentation that the patient has been on Voltaren gel for a prolonged period since 9/2014 without clear indication functional benefit or reduction of pain scale. As such, this request is not medically necessary.