

<b>Case Number:</b>	CM15-0231925		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 65 year old male, who sustained an industrial injury on 2-23-1999. He reported right shoulder, elbow and bilateral wrist and hand pain. The injured worker was diagnosed as having left shoulder impingement, labral tear, Hill-Sachs deformity, partial rotator cuff tear and acromioclavicular degeneration, supraspinatus tendinitis and glenohumeral osteoarthritis, bilateral thumb, first carpometacarpal joint osteoarthritis and status post right shoulder arthroscopy. Treatment to date has included diagnostic testing, medications, injections, physical therapy and surgery (right shoulder arthroscopy in 1999 and elbow surgery in 2000). The progress note dated 8-28-15, the review of symptom is positive for "joint pain, muscles spasm, sore muscles, gait abnormality and numbness. Also positive for depression, stress and memory loss. On exam, tenderness to palpation over subacromial region, acromioclavicular joint and supraspinatus tendon, impingement test positive, left shoulder range of motion is flexion 95 degrees, extension 40 degrees, internal and external rotation is 20 degrees. On exam of the bilateral shoulders reveals tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, perscapular region and bicep tendon. The impingement test and Cross Arm test is positive. The left elbow reveals increased tenderness and sensitivity over the medial elbow. Treatment is pre-op medical clearance evaluation, initial post operative therapy and continuous cold therapy unit and Celebrex." According to the progress note dated 10-20-2015 IW complains of left shoulder pain. The review of symptoms are "positive for joint pain, muscles spasm, sore muscles, gait abnormality and numbness. Also positive for depression, stress and memory loss. On exam, tenderness to palpation over subacromial region, acromioclavicular joint and supraspinatus tendon, impingement test positive, left shoulder range of motion is flexion 95 degrees, extension 40 degrees, abduction is 100

degrees, adduction is 35 degrees, internal and external rotation is 20 degrees. The treatment plan is refill Celebrex and Voltaren Gel, request for surgical consultation and request for bilateral wrist braces for added support." He has been on these medications since 2008. The UR decision, dated 10-30-2015 denied a prescription of Voltaren Gel and a pair of bilateral wrist braces and approved Celebrex 200mg. The request for authorization, dated 11-25-2015 is for a prescription of Voltaren Gel and a pair of bilateral wrist braces.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Voltaren.

**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 medical records submitted for review, the Voltaren gel is indicated for the injured worker's joint pain, however, it is noted that he has been using this medication since 2008. As it is only recommended for short-term use, the request is not medically necessary.

**Pair of bilateral wrist braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per the Occupational Medicine Practice Guidelines, wrist brace is recommended for pronator syndrome. The medical records submitted for review indicate that the injured worker has used wrist braces previously. There was no recent documentation establishing medical necessity of the request. The injured worker is not diagnosed with pronator syndrome. The request is not medically necessary.