

<b>Case Number:</b>	CM14-0210890		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 & Rehabn, 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:

This is a patient with a date of injury of July 24, 2011. A utilization review determination dated November 14, 2014 recommends noncertification of Voltaren gel. A progress report dated October 9, 2014 identifies subjective complaints of bilateral shoulder pain. The pain is worse when he does overhead activities. Physical examination findings reveal restricted range of motion in both shoulders with some weakness. The treatment plan recommends removing the patient from strenuous work and continuing activities that do not stress the shoulders. Additionally, a prescription for Celebrex and Voltaren gel was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 11/09/14 Voltaren Gel 1% # 100 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. Additionally, there was no documentation identifying why the patient was prescribed two anti-inflammatory medications concurrently. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.