

<b>Case Number:</b>	CM15-0010535		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/16/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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

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 is a 54-year-old female, who sustained an industrial injury on July 16, 2011. The diagnoses have included shoulder pain. Treatment to date has included topical medication, oral pain medication, left rotator cuff repair on February 3, 2012 and right shoulder arthroscopic surgery on November 16, 2012, Magnetic resonance imaging left shoulder on August 6, 2012, Magnetic resonance imaging right shoulder on October 10, 2011, X-ray right shoulder August 9, 2011, Magnetic resonance imaging lumbar spine February 5, 2009. Currently, the injured worker complains of bilateral shoulder pain, low back pain. On December 23, 2014 Utilization Review non-certified a Voltaren 1 percent gel quantity 8, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 17, 2014, the injured worker submitted an application for IMR for review of Lyrica 50mg quantity 120, Norco 10/325mg quantity 240, and Voltaren 1 percent gel quantity 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel, #8:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** The 54-year-old patient presents with lower backache and bilateral shoulder pain, rated at 6-8/10, as per progress report dated 12/12/14. The request is for VOLTAREN 1% GEL # 8. The RFA for this request is dated 12/17/14, and the patient's date of injury is 07/16/11. Medications, as per progress report dated 12/12/14, included Lidocaine ointment, Norco, Voltaren gel, Neurontin, Tamoxifen, Albuterol and Lisinopril. The patient is status post left rotator cuff repair on 02/03/12 and right shoulder arthroscopic surgery on 11/16/12, as per the same progress report. Diagnoses included shoulder pain, bilateral shoulder impingement syndrome, bilateral bicipital tendonitis and chronic bilateral shoulder pain. In progress report dated 10/17/14, the patient complains of weakness, numbness, tingling and cramps in left lower extremity. The patient will not be able to return to her job of inquiry, as per progress report dated 12/12/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Voltaren gel is first noted 08/22/14, and the patient has been using the topical consistently at least since then. In progress report dated 12/12/14, the treater states that Voltaren is "very effective for pain and inflammation per patient. Patient noted Voltaren gel is more effective than Flector patches." MTUS, however, allows for the use of topical NSAIDs such as Voltaren only for peripheral joint arthritis. Given the lack of appropriate diagnosis, the request IS NOT medically necessary.