

<b>Case Number:</b>	CM15-0110349		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

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 (IW) is a 46-year-old female who sustained an industrial injury to the shoulders, arms, hands and knees on 03/01/2013. Diagnoses include cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain and bilateral shoulder strain. Treatment to date has included medications and epidural steroid injections, physical therapy, chiropractic and home exercise. According to the PR2 dated 5/1/15 the IW, reported orthopedic symptoms were unchanged since her last visit. Bilateral shoulder surgeries were already recommended by another surgeon. She rated her pain 4-6/10. On examination, the lordotic curve of the cervical spine was decreased. There was tenderness to palpation over the cervical and lumbar paraspinal muscles and trapezius muscles. The bilateral shoulders were tender to palpation over the anterior capsules and the subacromial regions with crepitus present, left greater than right. Impingement and cross arm tests were positive, bilaterally. MRIs of the shoulders in 2014 showed full thickness tearing of the distal supraspinatus on the left and full thickness tearing of the rotator cuff, supraspinatus portion, on the right. A request was made for Voltaren gel 1% 100g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100g:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for bilateral shoulder pain, neck, and low back pain. When seen, bilateral shoulder surgery had been recommended. There was cervical and lumbar spine tenderness and pain with axial compression and straight leg raising. There was bilateral shoulder tenderness with crepitus and positive impingement and cross arm tests. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the shoulders amenable to topical treatment. No oral NSAID medication is being prescribed. The request was medically necessary.