

<b>Case Number:</b>	CM15-0111793		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 57 year old female, who sustained an industrial injury on February 3, 2009. The injured worker was diagnosed as having adhesive capsulitis right shoulder right shoulder impingement syndrome, right shoulder arthroscopy, right shoulder scapulothoracic bursitis, left shoulder impingement syndrome. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included home exercise program (HEP), therapy, and medication. A progress note dated April 27, 2015 provides the injured worker complains of right shoulder and scapulothoracic pain. He also reports increased anxiety and depression. Physical exam notes right shoulder crepitus with decreased range of motion (ROM). There is left shoulder decreased range of motion (ROM) with impingement. There is tenderness on palpation of the right scapulothoracic area. There is a request for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS RFA Voltaren gel 1%, 1 day supply:14, quantity 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Non Steroidal Anti Inflammatory Drugs Page(s): 111.

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

**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)." 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 guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. Topical NSAIDs are not recommended for the shoulder. The request is not medically necessary.