

<b>Case Number:</b>	CM15-0116037		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/18/1998
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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:

This 65 year old female sustained an industrial injury to the back and shoulder on 5/18/88. Previous treatment included rotator cuff repair, injections and medications. In a request for authorization dated 4/22/15, the injured worker complained of back pain rated 7/10 on the visual analog scale. The injured worker reported getting 65-70% relief to back pain from Norco. The injured worker was currently undergoing a Valium taper. The injured worker stated that previous gastric pain had resolved after discontinuing Relafen and initiating Protonix. The injured worker wondered if she should restart Relafen. Physical exam was remarkable for decreased lumbar spine range of motion with tenderness to palpation over the right low back and right greater trochanter. Current diagnoses included history of abdominal pain, lumbar spine degenerative disc disease, status post right rotator cuff repair with chronic right shoulder pain, right trochanteric bursitis and reactive depression. The injured worker had been prescribed Voltaren gel since at least 11/7/14. The treatment plan included tapering Valium and refilling Norco. On May 18, 2015, a request for authorization was submitted as an appeal for denial of Voltaren gel and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100gm for 30 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac, topical (Flector, Pennsaid, Voltaren gel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for low back and right hip pain. When seen, she had discontinued Relafen due to gastrointestinal upset with improvement in those symptoms. Pain was rated at 7/10. There was lumbar spine and right greater trochanteric tenderness. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant had intolerance of an oral non-steroidal anti-inflammatory medication. The request for a topical NSAID is medically necessary.