

<b>Case Number:</b>	CM15-0066187		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for Voltaren gel. A RFA form received on March 24, 2015 was referenced in the determination, along with a progress note dated March 19, 2015. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of shoulder pain, 3/10. The applicant had already attended a functional restoration program and had a variety of co-morbidities including posttraumatic stress disorder and sleep apnea; it was suggested in various sections of the note. The applicant's medications included Xanax, baclofen, Wellbutrin, Norco, Seroquel, Voltaren gel, and Ambien, it was stated. Voltaren gel was renewed. The applicant's work status was not explicitly stated, although it was suggested that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1 Percent 12 Day Supply Qty 100 with No Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., a body part for which topical Voltaren has not been evaluated. The attending provider did not furnish a clear or compelling applicant-specific rationale for introduction, selection, and/or ongoing usage of Voltaren gel in the face of the tepid-to-unfavorable MTUS position on the same for the body part in question, the shoulder. It was further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco and baclofen, effectively the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.