

<b>Case Number:</b>	CM15-0072766		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, Illinois  
 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 injured worker is a 38 year old female who sustained an industrial injury on 3/30/12. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having right shoulder internal derangement and right arm strain. Treatments to date have included injections, nonsteroidal anti-inflammatory drugs, activity modifications, muscle relaxants, physical therapy, ice application, acupuncture treatment, shock wave therapy, home exercise program, and oral pain medication. Currently, the injured worker complains of pain in the right shoulder, right arm, lower back and right hip. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% with 3 refills:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 3/30/12. The medical records provided indicate the diagnosis of right shoulder internal derangement and right arm strain. Treatments to date have included injections, nonsteroidal anti-inflammatory drugs, activity modifications, muscle relaxants, physical therapy, ice application, acupuncture treatment, shock wave therapy, home exercise program, and oral pain medication. The medical records provided for review do not indicate a medical necessity for Voltaren gel 1% with 3 refills. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The MTUS does not recommend the use of voltaren gel for treatment of the spine, hip or shoulder disorders. Therefore the request is not medically necessary.

**Qualitative/Quantitative urine drug test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The injured worker sustained a work related injury on 3/30/12. The medical records provided indicate the diagnosis of right shoulder internal derangement and right arm strain. Treatments to date have included injections, nonsteroidal anti-inflammatory drugs, activity modifications, muscle relaxants, physical therapy, ice application, acupuncture treatment, shock wave therapy, home exercise program, and oral pain medication. The medical records provided for review do not indicate a medical necessity for Qualitative/Quantitative urine drug test. The MTUS recommends Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, in individuals on treatment with controlled substances. At the time of this request, the injured worker was not on treatment with controlled substance; besides, the previous test was normal. Therefore the request is not medically necessary.