

<b>Case Number:</b>	CM15-0074829		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/12/1999
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 65-year-old male who sustained an industrial injury on 04/12/1999. The injured worker was diagnosed with cervical degenerative disc disease, adhesive capsulitis, rotator cuff sprain/strain and scapular dyskinesia bilaterally. The injured worker is status post C5-C7 in 2000, left shoulder arthroscopy with rotator cuff repair and revisions in 2009, April 2010 and November 2010 and right shoulder arthroscopy in 2003 and 2008. Treatment to date has included diagnostic testing with recent magnetic resonance imaging (MRI) in March 23, 2015, multiple surgeries, cervical traction, physical therapy, nutritionist counseling, group therapy for weight loss and eating disorders, home exercise program and medications.

According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience bilateral shoulder pain. The injured worker rates his pain level at 8/10. Examination of the neck noted normal room and negative Spurling's test. Examination of the right shoulder demonstrated active range of motion at 90 degrees with proximal forward flexion and 90 degrees of abduction with painful arc of motion. Passive range of motion examination noted forward flexion and abduction at 90 degrees with painful end points. There was positive impingement noted. Rotator cuff strength was 5/5 except supraspinatus and infraspinatus at 4/5 with pain on isolation and loading. The left shoulder had approximately 60% active range of motion with moderate painful arc in abduction and forward flexion. There was 70% passive range of motion with painful endpoints and negative impingement signs. Moderate scapular dyskinesia was documented bilaterally. Current medications are listed as Percocet, Zanaflex, Ibuprofen, Naprosyn, Sonata, Lorazepam, Neurontin, Zoloft, Wellbutrin, Lidocaine patches and Voltaren gel. Treatment plan consists of continuing with home exercise program with aggressive stretching, heat prior to exercises and ice afterwards, spinal Q vest;

obtain right shoulder magnetic resonance imaging (MRI) and the current request for Voltaren topical analgesics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren topical 1% gel, quantity 3, with two 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have the above diagnoses. The claimant was also on oral NSAIDS. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition, the claimant was on oral opioids and muscle relaxants without mention of reduced use. The request for Voltaren gel with 2 refills is not medically necessary.