

<b>Case Number:</b>	CM15-0094513		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old male with an industrial injury dated 10/17/2013. The injured worker's diagnoses include rotator cuff sprain/strain, rotator cuff repair, elbow and forearm sprain/strain and pain in shoulder joint. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker reported neck and right shoulder pain radiating down the right arm. The injured worker rated pain a 6/10 without medications and a 4/10 with medications. The injured worker also reported that the pain is increased with overhead activity and he is unable to raise his right shoulder past 50% motion range. Objective findings revealed tenderness in the cervical spine, paracervical muscles and trapezius, tenderness to palpitation in the acromioclavicular joint (AC), biceps groove and crepitus over the right shoulder with movement, and tenderness to palpitation over the lateral epicondyle. The treating physician prescribed a retrospective request for Voltaren 100mg XR #30 and Salonpas patches #60 (prescribed on 4/13/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (Prescribed 4/13/15) Voltaren 100mg XR #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Diclofenac Sodium (Voltaren), Voltaren-XR). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac Sodium (Voltaren), Voltaren-XR), Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 71.

**Decision rationale:** Retrospective (Prescribed 4/13/15) Voltaren 100mg XR #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that Voltaren is a nonselective NSAID. The ODG states that Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The documentation does not indicate any evidence that the patient requires this NSAID over a different NSAID with less risk factors associated with it. The request for Voltaren XR is not medically necessary.

**Salonpas patches #60 (Prescribed 4/13/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/salonpas-pain-patch-with-capsaicin.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=724bc4d3-0bc1-4275-a23b-4bbc62fbc0d2>.

**Decision rationale:** Salonpas patches #60 (Prescribed 4/13/15) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Salonpas. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Salonpas patches contain Menthol 3% and Methyl salicylate 10%. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended by the MTUS. Menthol is an ingredient in Ben Gay which is a topical salicylate and supported by the MTUS. There is no evidence of inability to take oral medications necessitating the need for this topical analgesic which is largely considered experimental therefore this request is not medically necessary.