

<b>Case Number:</b>	CM14-0149039		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported injury on 06/21/2012. The mechanism of injury was not provided. The surgical history was not provided. The injured worker underwent an MRI of the shoulder. The documentation of 06/24/2014 revealed the injured worker had complaints of pain in the right arm and right shoulder and low back pain. The injured worker had neck pain. The injured worker had right knee pain without right ankle pain or right foot pain. The injured worker had occasional numbness in her hands and was noted to get cramps in the right arm. The objective examination revealed the injured worker had a positive Finkelstein's test on the right. The injured worker had a positive Tinel's on the right wrist. There was paracervical tenderness from C2-3. There was paralumbar tenderness from L2 to L5-S1. There was a positive Lachman's test. There was right shoulder crepitus and a positive Neer's test. There was rotator cuff tenderness. There was tenderness medially on the right knee. The diagnoses included chronic cervical myofascial pain, chronic lumbosacral pain with evidence of mildly degenerative bone and disc disease with mild anterolisthesis of L4-5 per the MRI of 01/21/2013, chronic right shoulder pain with MRI evidence of osteoarthritis, subacromial/subdeltoid bursitis, supraspinatus and infraspinatus tendinopathy, biceps tendinopathy, and moderate glenohumeral effusion as of 01/14/2013. The medications included Norco 5/325 mg and Voltaren gel, for which the physician was giving refills. The documentation indicated the injured worker was to utilize Voltaren gel 4 times a day to the right shoulder and 4 g 4 times a day to the right knee. The subsequent documentation dated 07/22/2014 revealed the injured worker was unable to fill the prescription recently. The injured worker indicated that she could reduce her oral pain medications when she was provided with Voltaren gel. There was no request for authorization or rationale for the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel # 5-100g tubes refills 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The California MTUS states Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated the injured worker would utilize the Voltaren on her shoulder. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Additionally, there was a lack of documentation indicating a necessity for five 100 g tubes. Given the above, the request for Voltaren gel # 5-100g tubes refills 5 is not medically necessary.