

Case Number:	CM13-0028364		
Date Assigned:	11/27/2013	Date of Injury:	01/31/2005
Decision Date:	04/17/2014	UR Denial Date:	08/25/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 patient is a 44-year-old female who reported an injury on 01/31/2005. The mechanism of injury was not stated. The patient is currently diagnosed with right shoulder rotator cuff tendonitis, cervical strain, status post right shoulder arthroscopy in 2005, status post revision decompression with acromioplasty and debridement in 2006, depression, and internal medicine diagnoses deferred to appropriate specialist. The patient was recently seen by [REDACTED] on 10/02/2013. The patient reported ongoing pain to the right shoulder. Physical examination revealed tenderness to palpation with 175 degrees forward flexion and abduction. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Chronic Pain Medical Treatment Guidelines (May 2009), Top.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Chronic Pain Medical Treatment Guidelines, pages 111-113. Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA-approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. Additionally, guidelines do not recommend diclofenac gel for treatment of the spine or shoulder. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.