

<b>Case Number:</b>	CM13-0059608		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee and. 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 physician 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 63-year-old female who was injured on October 16, 2013. The patient continued to experience pain in her cervical and thoracic spine, right shoulder, left wrist, and left thumb. Diagnoses included bilateral rotator cuff tear and bilateral carpal tunnel syndrome. Request for authorization for ice machine and Voltaren gel were submitted on October 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Acute & chronic, Continuous Flow Cryotherapy

**Decision rationale:** The Physician Reviewer's decision rationale: Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case the patient was scheduled for right rotator cuff repair. The ice machine was

approved for 7 days. This is consistent with the recommendations by ODG. Use of the ice machine beyond 7 days is not recommended.

**Voltaren gel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac

**Decision rationale:** The Physician Reviewer's decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist but is not recommended as a first line treatment due to its risk profile. Systematic review of evidence on NSAIDs confirms that it poses an equal cardiovascular risk to that of Vioxx, which was taken off the market. In this case the patient is not suffering from osteoarthritis. The medication is not indicated.