

Case Number:	CM13-0063730		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2002
Decision Date:	04/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62-year-old male who reported an injury on 05/17/2002. The mechanism of injury was cumulative trauma. The documentation of 11/21/2013 revealed the patient had complaints of left shoulder pain 5/10. It was indicated that the Norco, Cymbalta, and Lidoderm patches decreased the patient's pain by 70%. Objectively, the left shoulder showed decreased painful guarded range of motion that was worse with external rotation. The patient had tenderness to palpation. The patient's diagnoses included traumatic arthritis of the shoulder and chronic pain syndrome. The treatment plan included Norco, Cymbalta, Lidoderm, and a trial of Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF VOLTAREN GEL 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The Chronic Pain Guidelines indicate that Voltaren® Gel 1% (diclofenac) is an FDA-approved agent indicated for the 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. The 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 that the patient's pain was the left shoulder. The medication has not been evaluated for treatment of the shoulder. The request as submitted failed to indicate the quantity of Voltaren gel being requested. Given the above, the request for trial of Voltaren Gel 1% is not medically necessary.