MAXIMUS Federal Services

Case Number:	CM13-0064483		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2003
Decision Date:	05/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 50 year old female who was injured on 02/26/2003. The mechanism of injury is unknown. Prior treatment history has included doing Yoga and HEP. The patient continues to work on RANGE OF MOTION and stretching shoulder. Medications included Voltaren gel on 07/30/2013. Diagnostic studies reviewed include an MRI of the right shoulder w/o contrast that revealed the following: 1. Cortically based along the superolateral aspect of the right humeral head, there is a 5.5 mm well-circumscribed area of fluid filled cystic change that is nonspecific but could be related to traction on bone by the rotator cuff. There is no evidence for avascular necrosis or occult fracture at the right humeral head or neck. 2. In the neutral position, the supraspinatus muscle-tendon junction abuts the undersurface of the anterior acromion. The findings are suspicious for a source of impingement. Downward sloping of the lateral aspect of the acromion with respect to its medial aspect appears to be a contributing factor. 3. There is no MRI evidence for tear at the superior, anterior or posterior fibrocartilage. 4. Findings are compatible with tendinitis at the distal supraspinatus and infraspinatus tendons but without clear evidence for rotator cuff tear at the present time at either level. PR-2 dated 08/14/2013 treatment plan was to proceed with 4 pre-approved chirotherapy for neck and arms pain. PR-2 dated 12/03/2013 documented the patient with complaints of neck pain, bilateral shoulder and upper limb pain that has been persisting. Objective findings revealed MRI of the left shoulder 8/28/2012: downsloping acromion, chronic sprain and subtle edema. Diffuse SLAP tear, fraying infraspinatous with tendonitis, subacute chronic sprain of the coracohumeral ligament of the rotator cuff. MRI of the right shoulder on 08/13/2013 revealed: downsloping acromion, suspicion for impingement, tendonitis of the infraspinatous. Objective findings on exam revealed bilateral shoulder range of motion 75% of expected. Diagnoses: 1. Bilateral upper extremity overuse syndrome. Bilateral shoulder pain (left worse than right) Bilateral adhesive capsulitis. Left

shoulder arthropathy/SLAP tear. 2. Bilateral elbow pain (left worse than right). 3. Chronic cervical strain-Cervical disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL (RX [redacted] 12/3/13) QTY: 1:00: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As per CA MTUS Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Voltaren gel is recommended for short -term use." Further guidelines indicate that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and not recommended for neuropathic pain. This patient was injured on 02/26/2003 and has chronic neck, shoulder, and finger/thumb pain. There is no evidence that the patient has any diagnoses that meet the MTUS criteria for treatment with topical NSAIDs. Hence, the medical documentation does not establish the necessity for Voltaren gel and is not medically necessary and appropriate.