

Case Number:	CM14-0005276		
Date Assigned:	01/24/2014	Date of Injury:	05/05/2010
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Family Practice 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 injured worker is a 66 year-old female who is reported to have sustained work related injuries on 05/05/10. The mechanism of injury is not described. The clinical records indicate the patient is status post a right total knee arthroplasty performed on 01/12/12 and a left total shoulder arthroplasty performed on 07/02/13. The patient is noted to have residual postoperative pain and is also receiving treatment for chronic low back pain. The patient has previously been prescribed Voltaren Gel and reports that this causes "numbness" in the applied areas. The request is for Voltaren Gel 1% with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%, 100 D/S: 30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

Decision rationale: The injured worker is a 66 year-old female who is status post a right total knee arthroplasty performed on 01/12/12 and a left total shoulder arthroplasty performed on

07/02/13. The records fail to adequately document the response to this topical analgesic. The record contains a brief reference to "numbness" at the sites of application. Per Chronic Pain Medical Treatment Guidelines Voltaren® Gel 1% (diclofenac): 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. However, the exact response and application sites are not quantified and medical necessity has not been established. As such the request is not medically necessary.