

Case Number:	CM14-0008973		
Date Assigned:	02/12/2014	Date of Injury:	05/21/2004
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 58 year old female who reported an injury on 05/21/2004. On 10/23/2013 the injured worker complained of pain rated 4/10 that radiated from shoulder blade an mid back. She stated constant shoulder pain that radiated to her fingers worse on left than right and left elbow pain with movement. She is status post left elbow surgery, left carpal tunnel release and right shoulder arthroscopy. The physical evaluation notes decreased upper extremity range of motion with guarding and weakness. The injured worker was given home exercises to increase strength and Celebrex and Voltaren gel. The authorization to request medical treatment was included with this review and dates 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%, #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- TOPICAL NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112.

Decision rationale: The request for Voltaren Gel 1%, #3 is non-certified. The CA MTUS Guidelines Chronic Pain Medical Treatment Guidelines state Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker has complaints of pain in the left elbow, wrist and hand. The Voltaren gel is not indicated for pain in this region nor has it been evaluated in use of the shoulder. In addition, the injured worker is concurrently taking Celebrex. There is no rationale for an oral and topical NSAID. Therefore, the request is not medically necessary or appropriate.