

Case Number:	CM14-0015313		
Date Assigned:	02/28/2014	Date of Injury:	06/24/2013
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this is a 46 year-old female who was injured on June 24, 2013. A right shoulder injury is noted. A previous utilization review indicated the medication Voltaren was not clinically indicated. Previous progress note indicated a clearance to return to work dating back to July 2013. The physical examination noted a decreased range of motion and increased pain in the shoulder associated with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% 300G QID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , P111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; MTUS, title 8, July 2009 Page(s): 56.

Decision rationale: Topical non-steroidal medications are not supported as these are noted to be "largely experimental" and the progress notes presented for review do not note any efficacy, utility or functional improvement associated with use of this medication as outlined by the Chronic Pain Medical Treatment Guidelines. When noting the date of injury, the treatment

rendered to date and the ongoing complaints of pain there is little clinical indication presented to support this request.