MAXIMUS Federal Services

Case Number:	CM14-0017853		
Date Assigned:	04/16/2014	Date of Injury:	01/07/2005
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Medicine 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 57 year old woman who was injured while at work on 1/7/2005. The injury was to her right shoulder and lumbar spine. She is appealing the denial of the use of Voltaren Gel for treatment of her chronic pain. Medical records are available for review and corroborate her injury in 2005. She received ongoing medical care after the injury and is status post right shoulder arthroscopy in 2009. At the last documented office visit she complained of ongoing tingling, numbness and stiffness to her right upper extremity and shoulder. Physical examination was notable for shoulder forward flexion and abduction of 90 degrees with pain and stiffness beyond this point. An MRI was attempted; however, due to the patient's clautrophobia, it could not be completed. The ongoing diagnosis was "adhesive capsulitis" and a corticosteroid injection was recommended. However, due to a stated "allergy to steroids" this was not done. A request was then made for Voltaren Gel for the treatment of pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL (TOPICAL DICLOFENAC- (NSAID) NON-STEROIDAL ANTI-INFLAMMATORY DRUGS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ANTI-INFLAMMATORY MEDICATIONS, MTUS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111-112

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide criteria for the use of topical analgesics. These agents are "largely experimental with few randomized controlled trials to determine efficacy or safety." Regarding the topical Non-steroidal anti-inflammatory agents, the "efficacy in clinical trials has been inconsistent." Further, "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." While this patient has a stated allergy to corticosteroids, there is no evidence in the medical records that she tried conventional oral NSAIDs for the treatment of her condition. In summary, there is no evidence to support the use of Topical Voltaren Gel for this patient's adhesive capsulitis. This medication is not medically necessary.