

Case Number:	CM14-0019091		
Date Assigned:	04/23/2014	Date of Injury:	01/07/2005
Decision Date:	10/01/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 68-year-old female who reported an injury on 01/07/2005. The mechanism of injury was cumulative trauma. She is diagnosed with right shoulder and right extremity pain. Her past treatments were noted to have included use of a TENS unit, acupuncture, epidural steroid injections, oral medications, topical analgesics, and physical therapy. On 01/15/2014, the injured worker presented with complaints of neck pain radiating down the left arm and right shoulder pain. She rated her right shoulder pain 8/10. Her medications were noted to include Lidoderm patches, Norco, Terocin lotion, and Lyrica. The treatment plan included the discontinuation of her Lidoderm patches and Terocin, and a new prescription was recommended for Voltaren gel to use for shoulder pain and inflammation. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, but it has not been evaluated for treatment of the spine, hip, or shoulder. The clinical information submitted for review indicated that Voltaren was recommended to be used for the patient's shoulder pain inflammation. Therefore, as the guidelines indicate that use of Voltaren for shoulder conditions has not been evaluated, the request is not supported. Additionally, the request as submitted did not indicate a frequency. For the reasons noted above, the request is not medically necessary.