

Case Number:	CM14-0111221		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2013
Decision Date:	09/04/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational 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 injured worker is a 46 year old female who has submitted a claim for left rotator cuff injury, left bicep tendonitis, and left shoulder impingement syndrome associated with an industrial injury date of 09/04/2013. Medical records from 2013 to 2014 were reviewed. The injured worker complained of anterior left shoulder pain radiating to the arm and wrist, aggravated by movement. The injured worker noted pain relief upon use of Voltaren gel. Physical examination of the left shoulder showed well healed surgical scars, no erythema, no swelling, good range of motion except for left shoulder flexion measured at 120 degrees, moderate tenderness over the left biceps tendon, and a positive Yergason's sign. The injured worker was able to transfer and ambulate without difficulty. Treatment to date has included left shoulder arthroscopy on 03/24/2014, physical therapy, and medications such as Voltaren gel (since September 2013), Norco and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 1000gms, # 10 tubes for left forearm.: 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: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker has been prescribed Voltaren gel since September 2013 for inflammation associated to left forearm tendonitis. Patient reported beneficial effects upon its use. However, the duration of treatment period of Voltaren gel in this case has exceeded guideline recommendation of a maximum of 12 weeks. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Voltaren gel 1% 1000gms, # 10 tubes is not medically necessary.