

Case Number:	CM14-0121481		
Date Assigned:	08/08/2014	Date of Injury:	02/06/2012
Decision Date:	09/15/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old male with an injury date of 02/06/2012. Based on the 07/02/2014 progress report, the patient presents with left shoulder pain and left elbow pain. There is tenderness to palpation over the left superolateral aspect of the shoulder joint. In regards to left elbow, there is tenderness over the lateral epicondyle which is aggravated with resistive wrist extension. According to the 05/21/2014 progress report, the patient has sharp pain which he rates as a 5/10. His pain is intermittent with the use of the shoulder and better with relaxing. The patient's diagnoses include status post shoulder surgery, March 2013 and Status post elbow surgery, November 2012. The utilization review determination being challenged is dated 07/26/2014. Treatment reports were provided from 02/24/2014 - 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: Based on the 07/02/2014 progress report, the patient presents with left shoulder pain and left elbow pain. The request is for Voltaren gel (diclofenac sodium topical gel) 1%. The treater has requested for Voltaren gel for the patient's tingling and numbness over his shoulder, rather than taking any other oral medication as he has GI irritation. MTUS supports topical non-steroidal anti-inflammatory drugs (NSAIDs) for peripheral joint arthritis and tendinitis. The 05/21/2014 report states the patient is only using Voltaren gel with good benefit which is not defined further. The MTUS pages 60 and 61 further require that when medications are used for chronic pain, pain and functional changes must be documented. In this case, despite the long-term use of diclofenac, the treater does not mention medication efficacy in terms of pain scales or in activities of daily living. The only statement that was made was that Voltaren gel provided benefit. As such, this request is not medically necessary.