MAXIMUS Federal Services

Case Number:	CM14-0131350		
Date Assigned:	09/16/2014	Date of Injury:	09/27/2013
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain 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 52-year-old male who sustained an injury to the left shoulder on 9/27/13. He is status Post Diagnostic and Operative Arthroscopic Surgery of The Left Shoulder. Examination revealed forward flexion of 155 degrees and abduction of 160. MRI from 10/10/13 revealed subacute appearing cortical indentation fracture deformity at the posterior-superolateral margin of the left humeral head compatible with a Hill-Sachs lesion of prior anterior left shoulder dislocation. There was also a non-displaced cortical fracture with associated labral tear at the anterior-inferior margin of the left scapular glenoid fossa compatible with a Bankart lesion of prior left shoulder dislocation spanning approximately 8-10 mm in AP diameter. There was a small to moderate left glenohumeral joint effusion. There was moderate fluid accumulation within the subdeltoid and subacromial bursal spaces compatible with bursitis. There was also a focal tear of the distal supraspinatus tendon measuring approximately 6 mm transverse x 10 mm AP. He has been doing physical therapy and is making good progress; however, it is slow and steady and he feels an occasional popping sensation with physical therapy. He was encouraged to work on stretches for the left shoulder and was prescribed anti-inflammatories. Diagnosis: Left shoulder dislocation. The request for Voltaren 1% Gel #2 Tubes was denied on 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel #2 Tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary - Diclofenac, Topical (Voltaren Gel)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 71.

Decision rationale: Per guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. It is not recommended as a first-line treatment. In this case, there is no documentation of a diagnosis of OA. There is no evidence of side effects or intolerability to NSAIDs. As such, the request is not medically necessary per guidelines.