

Case Number:	CM14-0166911		
Date Assigned:	10/14/2014	Date of Injury:	02/03/2012
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Utah. 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 claimant is a 41-year-old male. His date of injury is 2/03/2012. The mechanism of injury is stated as a fall from a tractor. The patient has been diagnosed with shoulder sprain, SLAP tear, rotator cuff tear, and thoracic sprain. The patient's treatments have included physical therapy, imaging studies, and medications. The physical exam findings dated 3/28/2013 show C spine with a diminished range of motion in extension and rotation. The Spurling's test is noted as positive. His shoulder exam shows forward flexion of 130/150 degrees, external rotation 50/70 degrees and internal rotation L3 T12, and abduction 40/60 degrees. The patient's medications have included, but are not limited to, Zocor, Naproxen, Protonix, and OTC (over the counter) pain meds. The request is for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren gel 5-100g tubes 2gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state it 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. According to the clinical documentation provided and current MTUS guidelines, Voltaren Gel is not indicated as a medical necessity to the patient at this time.