

Case Number:	CM14-0168355		
Date Assigned:	10/17/2014	Date of Injury:	01/11/2011
Decision Date:	12/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Emergency 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:

Patient has a reported date of injury on 1/11/2011. No mechanism of injury was provided for review. Patient has a diagnosis of cervical stenosis at C7, R lateral epicondylitis, lateral meniscus tear to knee, right shoulder rotator cuff tendinitis with Superior Labrum Anterior and Posterior (SLAP) lesion. Medical reports reviewed. Last report available was 9/4/14. Patient presents for re-evaluation of right upper extremity. Neurodiagnostic exam was reportedly normal. Pain reportedly improved with Voltaren gel. Pain to right elbow is "slight". Objective exam reveals normal exam of right upper extremity with full range of motion, no tenderness and normal neurological exam, negative Tinel's test, mild tenderness to lateral epicondylar region. No actual imaging or electrodiagnostic reports were provided for review. No medication list was provided for review. Independent Medical Review is for Voltaren gel 1% #1tube. Prior UR on 9/15/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Voltaren Gel, Diclofenac Sodium

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac Sodium

Decision rationale: As per MTUS Chronic pain guidelines, Voltaren gel is a topical NSAID that may be effective for osteoarthritic pain specifically to elbow but not to shoulder. It is only recommended after failure or contraindication to oral NSAID. There is no appropriate documentation of where this product is to be used and why patient is not able to take an oral NSAID. Voltaren gel is not medically necessary.