MAXIMUS Federal Services

Case Number:	CM14-0169067		
Date Assigned:	10/17/2014	Date of Injury:	06/04/2010
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
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 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 60 year old female with a date of injury on 6/4/2014. Records dated 3/10/2014, indicate that the injured worker underwent pre-operative medical consultation. Records note that she had underwent surgery on the left which consisted of subacromial decompression with acromioclavicular joint/Mumford procedure. Initially she showed some improvement but has had notable limitation and movement of the left shoulder. She was unable raise her left shoulder beyond the horizontal plane. On examination, her blood pressure was 120/80. Left upper extremity was characterized by worsening all movement above the horizontal plane of the left shoulder. If she attempted to raise her arm higher it would uncomfortable for her. Per operative notes dated 3/21/2014, she underwent left shoulder arthroscopy with complete bursectomy as well as repair of partial-thickness rotator cuff tear and manipulation under anesthesia.Most recent records dated 9/10/2014 documents that the injured worker underwent surgery in July and has been prescribed with additional 12 postoperative physical therapy sessions which she has been attending. She stated that she continued to have difficulty with range of motion and pain was still significant especially at end range of motion where it can escalate from 2-3/10 to 9/10 upon end range. Right shoulder examination noted limit range of motion. Moderate tenderness was noted over the lateral glenohumeral joint, bicipital tendon region, subscapularis insertion, infraspinatus, deltoid, and radial nerve area of the lateral arm. She is diagnosed with (a) bilateral superior labrum anterior and posterior tear, (b) cervical disc injury, (c) right medial and lateral epicondylitis, and (d) rotator cuff injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel apply topically twice a day, #1 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects and Topical Analgesics Page(s): 71, 112.

Decision rationale: According to evidence-based guidelines, Voltaren gel (diclofenac) is only indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment including ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. It is noted to cause common adverse reactions such as dermatitis and pruritus. Moreover, this medication is classified as a topical analgesic and topical analgesics are considered to be largely experimental with few randomized controlled trials to determine efficacy and safety. In this case, the injured worker is noted to be using and applying Voltaren gel to the shoulders, a body part where Voltaren gel has not been evaluated for efficacy and safety. The use of Voltaren gel for the shoulders is outside the recommendations of evidence-based guidelines. Also, there is no documentation that oral form of Voltaren or other non steroidal anti-inflammatory drugs are not tolerated as she exhibits no signs of gastrointestinal-related as well as cardiovascular and hepatic-related complications or risks. Based on these reasons, the medical necessity of the requested Voltaren gel #1 with 6 refills is not established.