

Case Number:	CM14-0169657		
Date Assigned:	10/17/2014	Date of Injury:	08/21/2003
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
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:

There were 549 pages for this review. There was an application for independent medical review for the Voltaren gel signed on October 10, 2014. There was a utilization review from September 12, 2014. Per the records provided, this patient was injured on August 21, 2013. The injured areas were the spine, the right upper extremity, shoulders, sleep, hearing loss and tinnitus. The patient has a history of chronic symptoms. The patient is permanent and stationary. He is followed by an orthopedic specialist for diagnoses of status post right shoulder arthroscopy, bilateral carpal tunnel syndrome, left shoulder labral tear, and impingement and AC joint arthrosis. The most recent follow-up notes indicate that the patient has received multiple steroid injections to both shoulders. Surgery has reportedly been authorized for the left shoulder but the patient would like to postpone as long as possible. The patient is on ibuprofen. The reason for the Voltaren gel is unclear. It is not a first-line treatment. Also it is clear that the patient is also taking oral non-steroidal anti-inflammatory medicines, so the need for topicals is further obfuscated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

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

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

Decision rationale: Per the MTUS, 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on workers compensation or any patient. Therefore, the request for Voltaren Gel is not medically necessary and appropriate.