

Case Number:	CM14-0177715		
Date Assigned:	10/31/2014	Date of Injury:	01/25/2000
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine & Rehabilitation 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 54-year-old woman with date of injury 1/25/07. Injury was to the right shoulder. Right shoulder MRI performed on 6/14/07 demonstrated evidence of partial thickness rotator cuff tear. On 01/08/09 patient underwent rotator cuff repair. Subsequent MRI of the right shoulder reported resolution of rotator cuff tear. Progress report dated 10/8/14 indicates increase in discomfort in the right shoulder with overhead activity. Physical examination demonstrated tenderness to palpation over the right biceps tendon and intermittent clicking. Request was subsequently made for Voltaren gel 100 mg with 3 refills 2gm to affected area twice daily as needed for diagnosis of right biceps subluxation/tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm (tubes) Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The injured worker is being treated for chronic tendinitis of the shoulder. MTUS guidelines recommend topical NSAIDs for short- term use, typically 4 to 12 weeks. Use

is recommended for joints that lend themselves to topical treatment including ankle, elbow, foot, hand, knee and wrist. They have not been evaluated for treatment of the spine, hip or shoulder. The request for Voltaren gel for application to the shoulder falls outside of the aforementioned MTUS guidelines and is therefore not medically necessary.