

Case Number:	CM14-0183718		
Date Assigned:	11/10/2014	Date of Injury:	05/30/2012
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 37-year-old male with a 5/30/12 date of injury. He injured his right shoulder when he was using a heavy ratchet to shut off a water main. According to a progress report dated 9/19/14, the patient was seen for follow-up for refill of Voltaren gel for his right shoulder. He has been made permanent and stationary concerning his right shoulder. Objective findings: tenderness at the area of the deltoid where the deltoid splitting incision is made for the subacromial decompression and distal clavicle resection. Diagnostic impression: rotator cuff tear. Treatment to date: medication management, activity modification. A UR decision dated 10/10/14 denied the request for Voltaren gel. There is no documentation of failed trials of oral NSAIDS, as well as evidence of objective functional benefit with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100mg, with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the present case, it is noted that the patient is using Voltaren gel for his shoulder area. In addition, there is no documentation that he is unable to tolerate oral medications or has had a trial and failure of an oral NSAID. Therefore, the request for Voltaren gel 1% 100mg, with three refills was not medically necessary.