

Case Number:	CM14-0024175		
Date Assigned:	06/11/2014	Date of Injury:	10/04/2004
Decision Date:	08/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 64 year old male with a work injury dated 10/4/04. The diagnoses include status post right shoulder arthroscopic surgery with rotator cuff repair in September 2005. 2. Left shoulder full-thickness rotator cuff tear, status post rotator cuff repair with arthroscopic surgery in November of 2007. 3. Medial meniscal tear of the left knee with underlying chondromalacia. 4. Medial meniscal tear and chondromalacia of the right knee based on MRI studies. 5. Bilateral lower extremity weakness secondary to lumbar disc disease and spinal stenosis. Under consideration is a request for Voltaren Gel 1% #2. There is a progress note dated 1/23/14 that states that the patient is status post right shoulder diagnostic and operative arthroscopy with rotator cuff repair in September of 2005. He states that he has pain in his right shoulder with certain ranges of motion. It occasionally radiates from his shoulder down to his right hand. The pain is located mostly along the long head of the biceps tendon. He has occasional weakness and difficulty with repetitive activities. The lumbar spine continues to be symptomatic. He has stiffness, achiness and discomfort with a radicular symptoms into his bilateral lower extremities. He feels burning in his feet intermittently. He does have cramping and a numb feeling in his bilateral legs. On examination findings of the right shoulder show well-healed arthroscopic portals. The exam reveals that forward flexion and abduction to 165 degrees and internal rotation is to L3. He has tenderness along the long head of the biceps tendon and bicipital groove with positive Speed's sign. Physical exam findings of the lumbar spine reveal paraspinal muscle tenderness and painful range of motion with positive straight leg raise bilaterally. The treatment plan includes physical therapy for the shoulder, referral to a specialist for the lumbar spine, Naprosyn as an anti-inflammatory agent and Voltaren gel as a topical anti-inflammatory agent are also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% #2: 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): 111-112.

Decision rationale: Voltaren Gel 1% #2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDS can be used short term for 4-12 weeks for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has shoulder and low back pain. The guidelines do not indicate there is any evidence to use topical NSAIDS for these body parts. Furthermore, there is no intolerance of oral medications from the documentation submitted. Furthermore, the request does not indicate which joints the Voltaren Gel is to be applied. The request for Voltaren Gel 1% #2 is not medically necessary.