

Case Number:	CM14-0025411		
Date Assigned:	06/13/2014	Date of Injury:	08/16/2005
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery 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 59-year-old male who was reportedly injured on August 16, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 14, 2014 indicated that there were ongoing complaints of bilateral shoulder pain, numbness of the right arm, decreased range of motion of the right elbow, low back pain and abdominal pain. The physical examination demonstrated well healed abdominal scar, the left shoulder with limited range of motion, positive impingement sign of tenderness, subacromial, crepitation with passive motion of shoulder. Right elbow revealed limited range of motion and hypersensitivity to area where the gunshot wounds were located. Diagnostic imaging studies were not available for viewing. Previous treatment included left shoulder subacromial decompression, exploratory laparotomy for gunshot wound, Norco, Lunesta, Voltaren gel, Viagra and urine drug screens. A request had been made for Voltaren gel and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 100G TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Based on the clinical history, the date of injury, and treatment rendered, the above product is clinically not indicated. Furthermore, according to the MTUS Guidelines, topical agents are "largely experimental" in use with few randomized controlled trials to determine efficacy and safety. Primarily recommended for neuropathic pain (when trials of antidepressants and neuroleptics have failed), Voltaren gel is indicated for the relief of osteoarthritis of knee, ankle, elbow, foot and wrist. It has not been evaluated in the treatment of the spine or the shoulder. In reviewing the patient's records, it is being prescribed for the shoulder. Therefore, it is not medically necessary.