

Case Number:	CM14-0035373		
Date Assigned:	06/23/2014	Date of Injury:	07/09/2012
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Nevada. 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 50-year-old female who was reportedly injured on July 9, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 29, 2014, indicated that there were ongoing complaints of shoulder pain. The physical examination demonstrated a slight reduction in range of motion, a positive Hawkins test, a positive O'Brien's test and motor function to be 4+/5. There was tenderness to palpation reported. Decreased sensation was also noted. Diagnostic imaging studies objectified a right shoulder impingement syndrome, which was surgically treated. Previous treatment included surgical intervention, topical preparations, physical therapy (60 visits), home exercise and work restrictions. A request had been made for Voltaren gel and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 4 gm every six hours, ten tubes of 100 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112 of 127.

Decision rationale: The efficacy of such a preparation in clinical trials has been inconsistent and no noted utility is appreciated. The use of topical non-steroidals is for short-term acute pain and for those who have not been able to tolerate oral administration. None of these parameters is noted. Therefore, this is not medically necessary.