

Case Number:	CM14-0035436		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2011
Decision Date:	07/30/2014	UR Denial Date:	02/20/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; earlier left shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for Voltaren gel. In a February 26, 2014 progress note, the attending provider appealed the decision to deny Voltaren gel. It was stated that the applicant was diabetic and could not undergo shoulder corticosteroid injections. The applicant's pain levels range from 9-10/10 with medications and 4-6/10 without medications. The applicant stated that his shoulder pain was very deep and severe. It was stated that the applicant had a long history of previously tried and failed NSAID usage with Relafen and Lodine. The attending provider stated that Voltaren gel was therefore a better option than oral NSAIDs or oral opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100ml QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated in the treatment of spine, hip, and/or shoulder pain. In this case, the applicant's primary pain generator is the shoulder, a body part for which Voltaren has not been evaluated, per the MTUS. It is further noted that the attending provider has stated that the applicant is using a variety of other first-line oral pharmaceuticals, including tramadol, Flexeril, and Norco, with reportedly good effect, effectively obviating the need for the Voltaren gel in question. Therefore, the request is not medically necessary.