

Case Number:	CM14-0037281		
Date Assigned:	06/25/2014	Date of Injury:	08/12/2004
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

48-years old Female injured worker with date of injury 8/12/04 with related left shoulder and left elbow pain. Per 2/12/14 progress report, pain was rated 8/10 with numbness and weakness. Per physical exam, there was tenderness over the over the medial greater than the lateral epicondyle of the left elbow and over the periscapular region of the left shoulder. He was status post right shoulder arthroscopy performed in 2005 with cuff and labral debridement, subacromial decompression, and distal clavicle excision. Per MRI dated 7/29/09, slight narrowing of the disc space and disc bulging were noted at C5-C6. Diagnostic ultrasound dated 8/16/11 revealed supraspinatus tendinosis with subacromial/subdeltoid bursitis. The documentation submitted for review does not state whether physical therapy was utilized. He has been treated with acupuncture, electrical muscle stimulation unit, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review supports the use of this medication as the structure of the elbows lend themselves to topical treatment. I respectfully disagree with the UR physician's assertion that the guidelines state it is necessary to fail oral NSAIDs prior to treatment with topical NSAIDs. Per 12/31/13 progress report, the injured worker has continued to work at permanent modified work duties with the use of this medication, home exercises, ice, and home electrical muscle stimulation unit. Therefore, Voltaren Gel is medically necessary.