

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0042807 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/26/2013 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 78-year-old male who sustained an injury on July 26, 2013. His injury occurred when he tripped over a rug and fell backwards onto the concrete floor striking his head and injuring his left shoulder. Prior to the injury, on June 29, 2013, the patient was lifting his luggage off a scale to place them on a cart when he experienced pain in his left hip while working as a sky cap at [REDACTED]. Plain radiographs obtained on 8/15/2013 found that he had arthritis changes to the glenohumeral and acromioclavicular joints and biceps tenosynovitis. A shoulder MRI apparently shows a 'possible rotator cuff tear of the supraspinatus'. A lumbosacral MRI dated 8/23/13 found that he has a Grade 1 anterolisthesis at L4-5. In addition, a shoulder MRI obtained on the same date demonstrates a 'degenerative signal in the rotator cuff consistent with rotator cuff high grade partial tears. However, there is lot of motion artifact in the MRI and it is of poor quality. See on MRI is significant arthritis with bone on bone arthritis in all views seen...' Since his injury he has had continuous left shoulder discomfort with popping and clicking and weakness upon forceful motions and activities above the shoulder level. He also has lumbosacral and left hip pain complaints. On examination of the left shoulder, he has tenderness to palpation at the acromioclavicular and at the biceps. The patient has decreased shoulder range of motion. The lumbo-sacral region has tenderness to palpation to the right paraspinal musculature, a positive straight leg raise, a 'left lower extremity redic' and decreased active range of motion. As part of his treatment regimen, the patient has had a left shoulder steroid injection that did not last long. According to Orthopedic evaluation dated November 5, 2013, it was suggested he undergo surgery to address the issue. However, the patient has continued to decline such intervention and is looking for alternative secondary to surgery. In dispute is request for Voltaren gel for use for shoulder discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: Voltaren Gel 1% (diclofenac): Indicated for and FDA-approved for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. According to the ODG Guidelines Voltaren gel is not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral non-steroidal anti-inflammatory drugs (NSAIDs), after considering the increased risk profile with diclofenac. The patient has complaint of left shoulder pain as result of osteoarthritis. Per the CA MTUS guidelines, Voltaren gel has not been evaluated for the treatment of pain associated with shoulder pain. As result, Voltaren gel is not medically necessary.