

Case Number:	CM14-0045442		
Date Assigned:	06/27/2014	Date of Injury:	12/03/2007
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a 61-year-old female who has submitted a claim for shoulder impingement, adhesive capsulitis, and bursitis/tendinitis associated with an industrial injury date of December 3, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain and stiffness. Physical examination revealed well -healed arthroscopic portals. Shoulder range of motion as follows: forward flexion to 170 degrees, abduction to 170 degrees, external rotation to 40 degrees, and internal rotation to the L5. MMT was 4/5 in all directions. Treatment to date has included arthroscopic surgery (8/30/13), physical therapy, and medications, which include Naprosyn, Prilosec and Voltaren Gel. Utilization review from March 18, 2014 denied the request for Voltaren Gel because the documentation submitted for review indicated that the patient's pain was in her shoulder however guidelines state that the use of Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder. The request also did not specify the dosage for Voltaren.

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 Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics, page(s) 112 Page(s): 112.

Decision rationale: According to page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, the patient was prescribed Voltaren gel in March 2014. Voltaren was prescribed in conjunction with oral anti-inflammatories. However, the use of Voltaren is not in accordance with guideline recommendations as there is little evidence for its use for shoulder pain. The medical records also failed to provide evidence of osteoarthritis, which may warrant the use of Voltaren gel. The request also failed to specify the dosage and the number to be dispensed. The medical necessity was not established. Therefore, the request for Voltaren Gel is not medically necessary.