

Case Number:	CM14-0050614		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2010
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A orthopedic evaluation dated 2/4/14 notes pain in the left shoulder and left elbow. Examination noted tenderness of the proximal biceps for left shoulder and tenderness of the left elbow at the antecubital area. Assessment included elbow arthralgia. 2/12/14 evaluation notes past medical history was significant for borderline diabetes and hypertension. The pain is described as being relieved somewhat with lying down, heat, ice, anti-inflammatories, and pain medication. Examination noted pain in the cervical spine with tenderness in the acromium, acromioclavicular joint, and genohumeral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel #1: Overturned

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

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

Decision rationale: The available medical records indicate a condition of DJD affecting the elbow, shoulder and spine. Topical Voltaren gel 1% is support under California Medical Treatment Utilization Schedule (MTUS) guidelines for treatment of elbow pain.

