

Case Number:	CM14-0063722		
Date Assigned:	07/11/2014	Date of Injury:	11/02/2012
Decision Date:	11/07/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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 Internal 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 injured worker (IW) is a 47 year-old man with a date of injury of November 2, 2012. He was tying materials in a truck when he slipped and fell. He injured his right shoulder, ribs, right arm, and bruised his face. The current diagnoses are: Clavicle fracture; shoulder arthralgia; shoulder calcifying tendinitis. Treatment has included: Open treatment of right clavicle malunion with autograft and internal fixation on January 28, 2013; diagnostics, home exercise program, shoulder immobilizer, sling, and medications. In the most recent progress report on file dated February 18, 2014, the IW subjective complaints include: Moderate, intermittent right shoulder pain with stiffness. He has completed formal physical therapy. Medication includes Duexis 800mg and Voltaren gel 1%. There is slight tenderness of the clavicle. The IW is using a bone stimulator and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #300 (30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. Voltaren gel 1% is indicated for arthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, etc.) it has not been evaluated for treatment of the spine, hip or shoulder. In this case, the areas being treated for the right shoulder and clavicle. There is no documentation in the medical record stating why the oral equivalent non-steroidal inflammatory drug cannot be taken. Based on the clinical documentation the medical record and the pure evidence-based guidelines, Voltaren gel 1% is not medically necessary.