

Case Number:	CM14-0065282		
Date Assigned:	07/11/2014	Date of Injury:	08/09/2011
Decision Date:	10/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on 8/9/2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/2/2014, indicates that there are ongoing complaints of right shoulder, low back, left knee and ankle pain. The most recent documented physical examination is from 3/6/2014 which reveals right shoulder positive tenderness at the anterior and lateral aspects of the shoulder. Abduction 90 degrees. Full flexion, decreased internal rotation. Mild pain with impingement maneuvers. Lumbar spine: positive tenderness at the right iliac crest. Full range of motion but pain with right lateral bending. Left knee: positive tenderness over the patella and the joint line. Full range of motion. Clicking with meniscal maneuvers. Left ankle: tenderness at the sinus tarsal, fairly good range of motion. Lacking 5 degrees of dorsiflexion. No recent diagnostic studies are available for review. Previous treatment includes left ankle surgery, medications, and conservative treatment. A request had been made for Voltaren gel 1% and was not certified in the pre-authorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. VOLTAREN GEL (DICLOFENAC SODIUM TOPICAL GEL) 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112 of 127.

Decision rationale: Voltaren gel is a topical NSAID indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, the request is considered not medically necessary.