

Case Number:	CM14-0066607		
Date Assigned:	07/11/2014	Date of Injury:	07/23/2012
Decision Date:	08/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51 year old woman who sustained a work-related injury on July 23, 2012. Subsequently, he developed with the chronic shoulder pain. The patient was treated with the Neurontin and Vicodin, Motrin, Acupuncture, Heat and Cold therapy and 12 sessions of physical therapy. According to a progress note dated on March 19, 2014, the patient was reported to have right shoulder pain radiating into the right of her collar bone. The patient has difficulty with activities of daily living such as putting clothes and has difficulty with sleeping. Her physical examination demonstrated the right shoulder pain with limited range of motion, tenderness in the acromioclavicular joint. The patient was diagnosed with pain in the shoulder joint. The provider requested authorization to use the Zipsor and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor Capsule 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, page(s) 107 Page(s): 107.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: Zipsor is a nonsteroidal anti-inflammatory drug (NSAID). Zipsor is used for osteoarthritis pain. In this case, the patient developed chronic right shoulder pain that could benefit from the prescription of NSAID. However it not clear why over the counter NSAID medications were not attempted in this case. There is no documentation of failure of these medications. Therefore, the request for Zipsor is not medically necessary.

Voltaren Gel 1% QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (page 111), NONSELECTIVE NSAIDS, page(s) 107 Page(s): 107, 111.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to California Medical Treatment Utilization Schedule (MTUS), in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. Therefore request for Voltaren Gel 1% qty 1 is not medically necessary.