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| Case Number: | CM14-0079040 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 06/01/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 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 is a 44 year old female who reported injury on 06/01/2012 to her neck, right shoulder and right upper extremity. The mechanism of injury was not specified. The diagnoses included status post right shoulder SLAP repair, subacromial decompression with rotator cuff repair, right status post shoulder arthroscopy and bursa of the shoulder region. Past treatments included acupuncture, surgeries, medications, cervical epidural steroid injection, and physical therapy. The injured worker is status post right shoulder arthroscopy, SLAP repair and debridement on 07/22/2013. On 04/23/2014 the injured worker complained of headache on the right side. The physical exam findings included radiating pain to the right upper shoulder and neck. Her pain level was 4-8/10 as well as difficulty sleeping. Additionally, she had right joint tenderness and stiffness and numbness in right upper extremity. Medications included Valerian root, Melatonin, Aleve 220mg, Neurontin 300mg Percocet 7.5mg, Baclofen 10mg and Voltaren 1% topical gel. There was not a treatment plan, rationale for the request, or request for authorization form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel apply 1g 4 times a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: The request for Voltaren 1% topical gel, apply 1g 4 times a day #1 is not medically necessary. The injured worker has a history of multiple right shoulder surgeries, and bursa in the shoulder region. The California Medical Treatment Utilization Schedule MTUS guidelines state topical Voltaren gel is indicated for the relief of osteoarthritis pain in joints of the ankle, elbow, foot, hand, knee, and wrist. However, it has not been evaluated for the treatment of the spine, hip or shoulder. The injured worker complained of radiating right upper shoulder and neck pain. As the guidelines do not support use of Voltaren gel for the spine or shoulder at this time, the request is supported. As such, the request for Voltaren 1% topical gel, apply 1g 4 times a day #1 is not medically necessary.