MAXIMUS Federal Services

Case Number:	CM14-0093898		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2010
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational 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 is a 56 year old female who sustained an injury on April 19, 2010 to the left lower leg and right lower leg. The mechanism of injury was not documented in the material available for review. The diagnoses were listed as cervicalgia (723.1). According to the most recent progress note dated 5/21/14, the injured worker complained of neck pain and right shoulder pain. On examination, she had almost full abduction but significantly decreased internal rotation of the dight shoulder. Prior treatment included medications, a pain management evaluation, carpal tunnel release of the right wrist pain in February of 2011, and rotator cuff repair of the right shoulder in June of 2011 and March of 2012. Diagnostic imaging studies of MRI of the neck dated 1/14/12 documented multilevel degenerative disk disease with a broad based central left paracentral disk protrusion at C6 to C7. An arthrogram of the shoulder was also performed, but the result s were unavailable for review. A prior utilization review determination dated 6/12/14 resulted in denial of Voltaren gel 4 grams with two refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4 grams with two refills: Upheld

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

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

Decision rationale: Topical NSAIDs have not been well researched for chronic use. Most trials are very short with small numbers of subjects. They are recommended as an option for short term use for neuropathic pain and osteoarthritis. The current complaints are chronic and of unclear etiology. The request is not supported by quality evidence. Therefore the request is not medically necessary.