

Case Number:	CM14-0099805		
Date Assigned:	07/28/2014	Date of Injury:	01/07/2005
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 68-year-old female with a date of injury of 01/07/2005. The listed diagnoses per [REDACTED] are: cervical disk degeneration, extremity pain on right, shoulder pain on right, cervical radiculopathy. According to progress report 04/09/2014, the patient presents with continued neck and right shoulder pain. The patient reports significant limitations in her activity tolerance. Examination of the cervical spine revealed decreased range of motion and paravertebral muscle tenderness. Examination of the right shoulder revealed restrictive movements and positive Hawkins, Neer's, and empty can test. The patient's current medication regimen includes Norco 10/325mg, Lyrica 50mg, and Voltaren 1% gel. The treating physician is requesting a refill of Voltaren gel for patient's shoulder and wrist pain and inflammation. Utilization Review denied the request on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Topical Analgesic.

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

Decision rationale: This patient presents with neck and right shoulder pain. The treating physician is requesting a refill of Voltaren 1% gel for patient's "shoulder and wrist pain/inflammation." The MTUS Guidelines states, "efficacy in clinical trials for this topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short term use for 12 weeks. There is little evidence utilized topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. The treating physician is prescribing this medication for patient's chronic shoulder and wrist pain. Therefore, the request is not medically necessary.