

Case Number:	CM14-0208122		
Date Assigned:	12/22/2014	Date of Injury:	03/27/2013
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Emergency 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:

Patient with reported date of injury on 3/27/2013. Mechanism of injury was not documented. Patient has a diagnosis of lumbago, chronic pain syndrome, lumbar disc degeneration and adhesive capsulitis of shoulder. Patient is post shoulder surgery (unknown type) on 1/2014. Objective exam reveals grossly protective of L upper extremity. Limited range of motion. Strength is 4/5. Spasms noted to lumbar paraspinals and stiffness. Medical reports reviewed. Last report available until 12/18/14. Patient complains of L shoulder and low back pain. Pain is 7/10. Imaging reports were reviewed. Medication list was not documented. Independent Medical Review is for Voltaren gel 1%. It is noted that patient is on ibuprofen but nothing else was documented. Prior Utilization Review on 11/20/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply 2-4gm four (4) times per day for superficial pain & inflammation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc. but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder and lumbar spine and is therefore not medically necessary.