

Case Number:	CM14-0056954		
Date Assigned:	07/09/2014	Date of Injury:	04/29/2005
Decision Date:	01/02/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal 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:

This is a case of a 60 year old female with a date of injury of 4/29/2005. In a primary treating physician's comprehensive orthopedic evaluation note by [REDACTED] dated 3/12/2014, the patient presents for a follow up of her injuries sustained in the workplace to her cervical spine and right shoulder. The patient has authorization for surgery, but failed medical clearance. Her right shoulder pain is rated 7/10 and is sharp in nature. She is wearing an elbow brace because the shoulder pain will radiate into the elbow. For the cervical spine pain, she rates it at 7/10 and it is constant and occasionally sharp. She has difficulty with reaching for objects above her shoulder level or behind her. She continues to have popping and night time pain. Tylenol has ceased to be beneficial. On physical examination, she has full range of motion to the cervical spine, but with pain in all ranges. Her right shoulder continues to demonstrate positive Neer's impingement, positive 90 cross over impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance. There is 50% range of motion out of full. The patient has well healed arthroscopic portal incisions in her right shoulder. She is diagnosed with disc bulge cervical spine at C6-C7, positive per MRI, tear of the rotator cuff full thickness right shoulder with retraction, atrophy of her rotator cuff right shoulder, subacromial deltoid bursitis of the right shoulder, right AC cartilage disorder, and status post right shoulder arthroscopy times two. The treatment plan included a prescription for topical Voltaren gel 1% to supplement her Tylenol use in addition obtaining medical clearance for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 % # 100 grams w/ 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Based on MTUS guidelines, topical analgesics are recommended as an option. Largely experimental in use with few randomized controlled trials. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Topical NSAIDs, such as Voltaren, their efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4-12 weeks. In this case, the patient has not tried and failed antidepressants or anticonvulsants as per the guidelines. Also, there is no documentation of osteoarthritis or tendonitis which is the indications for the use of Voltaren gel 1%. Lastly, there is little evidence to support the use of topical NSAIDs on the spine, hip, or shoulder. Therefore, based on MTUS guidelines and the evidence in this case, the request for Voltaren Gel 1% 100 grams with 2 refills is not medically necessary.