

Case Number:	CM15-0004737		
Date Assigned:	01/16/2015	Date of Injury:	07/01/2010
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 40 year old male, who sustained an industrial injury on July 1, 2010, when hit by a forklift. He has reported pain in the left shoulder. The diagnoses have included chronic left shoulder pain secondary to left rotator cuff tendinopathy and acromioclavicular (AC) arthritis status post arthroscopy, left elbow pain secondary to chronic tendinopathy, left wrist status post triangular fibrocartilage complex (TFCC) repair, and chronic pain related insomnia. Treatment to date has included left shoulder surgery, medications, and a home exercise program. Currently, the injured worker complains of mild to occasionally moderate constant pain in the left shoulder, with radiation to the left upper arm at night, and intermittent complaints of left lateral elbow pain. A PR-2 Physician's report dated September 23, 2014, noted the physical examination to show the cervical spine paraspinals with no focal tenderness, trigger points over the left upper trapezius with a palpable trigger point of the left posterior shoulder, and tenderness to palpation over the bicipital groove with a positive Yergason sign. On December 5, 2014, Utilization Review non-certified Voltaren gel 1% 1G, noting that for the described medical condition the guideline criteria would not support the request as medically necessary, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Voltaren gel 1% 1G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 1G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Pain, Diclofenac

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. In addition the medication is requested for shoulder pain. The lack of evidence for using Voltaren gel for treatment of shoulder does not allow determination of efficacy or safety. The request should not be authorized.