

Case Number:	CM15-0009977		
Date Assigned:	01/21/2015	Date of Injury:	08/19/2010
Decision Date:	03/16/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female, who sustained an industrial injury on August 19, 2010. She has reported a popping sound and sudden, sharp pain anteriorly and laterally at the right shoulder. Her diagnosis is status post right shoulder arthroscopy with ongoing shoulder pain. Treatment to date has included diagnostic studies, surgery, physical therapy, TENS unit, medications and home exercises. Currently, the injured worker complains of right shoulder pain and right sided neck pain. She stated her TENS unit has been helpful. She has been using Voltaren gel. She reported a 50% reduction in pain and 50% functional improvement with activities of daily living with medications versus not taking them at all. She continues a home exercise regime. Her pain was rated a 10 on the 1-10 pain scale without medications and as a 4 on the pain scale with medication. On January 7, 2015, Utilization Review non-certified Voltaren 1% gel 2 grams, noting the California Chronic Pain Treatment Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of Voltaren 1% gel 2 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Voltaren 1% gel to right shoulder, 4 times daily; 2 grams:
Upheld

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

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

Decision rationale: This 54 year old female has complained of right shoulder pain since date of injury 8/19/2010. She has been treated with right shoulder arthroscopic surgery, TENS unit, physical therapy and medications. The current request is for Voltaren gel 1%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel 1% is not indicated as medically necessary.