

Case Number:	CM15-0101255		
Date Assigned:	06/03/2015	Date of Injury:	01/25/2007
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old woman sustained an industrial injury on 1/25/2007. The mechanism of injury is not detailed. Diagnoses include right biceps tendinitis/tendon subluxation, right mild acromioclavicular degenerative joint disease, and a history of glenohumeral adhesive capsulitis. Treatment has included oral and topical medications, ice, physical therapy, exercises, and surgical intervention. Physician notes dated 4/29/2015 show complaints of chronic right shoulder pain. Recommendations include continue activity modification, home exercise program, possible future cortisone injection, possible future surgical intervention, and Diclofenac gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac gel 1-3% 100gm (in tubes), quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

Decision rationale: The patient presents with right shoulder impingement syndrome, acromioclavicular arthritis, and biceps tendinitis, as per progress report dated 05/05/15. The request is for DICLOFENAC GEL 1-3% 100gm (IN TUBES). The RFA for this case is dated 04/29/15, and the patient's date of injury 01/25/07. The patient is status post right shoulder surgery on 01/08/09 and status post right knee arthroscopy in 2002, as per progress report dated 05/05/15. The patient has no work restrictions, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The 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. Voltaren Gel 1% (diclofenac): 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." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. As per progress report dated 05/05/15, the patient has used Diclofenac gel in the past with some success. In progress report dated 02/04/15, the treater states that the patient has used Voltaren gel in the past, which she typically used one to two times a week as needed when she flares up, which she had significant relief, particularly in the evenings, which allows her to be more functional. In the same report the treater also states that Diclofenac gel is medically necessary because the patient is able to maintain her functionality in which she is quite sensitive with the use of medication. The treater, however, does not document the body part to which the gel will be applied. Additionally, the most recent report dated 05/05/15 does not document any peripheral joint issues. Hence, the request IS NOT medically necessary.