

Case Number:	CM15-0102587		
Date Assigned:	06/05/2015	Date of Injury:	04/23/2015
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 04/23/2015. She reported that she felt her right arm pop with pain secondary to lifting a heavy binder. The injured worker was diagnosed as having shoulder/arm sprain and bicipital tenosynovitis. Treatment and diagnostic studies to date has included x-rays of the shoulder, use of a sling, and medication regimen. In a progress note dated 05/05/2015 the treating physician reports complaints of intermittent, dull to sharp, shooting pain to the right bicep that radiates to the right shoulder. Examination reveals tenderness to the deltoid, triceps, and interscapular area along with pain with range of motion to the shoulder. The treating physician noted prior use of Acetaminophen/Hydrocodone but is discontinuing this medication because the injured worker does not like this medication. The injured worker's pain level is rated a 0 at rest on a scale of 0 to 10 and a 7 on a scale of 0 to 10 when using the right arm. The documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's medication regimen. The progress note from this date noted that the injured worker was prescribed the medication of Ultram 50mg. The treating physician requested Voltaren Topical 1% gel over the painful site citing American College of Occupational and Environmental Medicine Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren topical 1% gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The patient presents with right shoulder pain. The current request is for Voltaren Topical 1% gel #1. The treating physician states in the report dated, 5/5/15 "Prescribed Voltaren Topical 1% topical gel 2 to 4 grams topically 3 times a day over painful site." (38C) The MTUS Guidelines are specific that topical NSIADS are for, "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, the treating physician has prescribed a gel, which the MTUS guidelines do not recommend for the shoulder. The current request is not medically necessary.