

Case Number:	CM15-0109278		
Date Assigned:	06/15/2015	Date of Injury:	09/26/2005
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male who sustained an industrial injury on 09/26/2005. Mechanism of injury occurred when he fell off a ladder. Diagnoses include rotator cuff sprain and strain and shoulder pain-left. Treatment to date has included diagnostic studies, medications, physical therapy, and past surgery includes spine fusion in 2008, arthroscopic surgery to the right shoulder in 2009, arthroscopic surgery to the left shoulder in 2011, and right wrist surgery in 2013. On 11/23/2014, a Magnetic Resonance Imaging of the left shoulder showed mild supraspinatus tendinosis with no tear, retraction or atrophy, mild bicipital tendinosis, normal labral ligamentous complex and no Hill-Sachs deformity with mild degenerative change to the acromioclavicular joint. Medications include Hydrocodone-Acetaminophen 10/325mg and Ibuprofen. A physician progress note dated 05/08/2015 documents the injured worker presents for a recheck of his bilateral shoulders. He continues to have pain in his left shoulder and is requesting an injection. There is tenderness over the anterolateral border of the left acromion. The left glenohumeral abduction with active range of motion is 135 degrees. Hawkins-Kennedy impingement test is positive on the left. With this visit, the injured worker received a cortisone injection in the left shoulder, which he tolerated well. The treatment plan is to return in 6-8 weeks. Treatment requested is for Voltaren 1 Percent Gel #5 x 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent Gel #5 x 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Voltaren gel in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, this request is not medically necessary.