MAXIMUS Federal Services

Case Number:	CM15-0109879		
Date Assigned:	06/16/2015	Date of Injury:	07/20/2007
Decision Date:	07/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 7/20/07. She has reported initial complaints of left shoulder injury with pain. The diagnoses have included status post left shoulder arthroscopy secondary to rotator cuff tear, chronic intractable neck pain, cervical degenerative disc disease (DDD), chronic daily headaches, chronic pain syndrome, opioid dependence, severe neuropathic pain and depression. Treatment to date has included medications, activity modifications, off work, surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 5/26/15, the injured worker complains of persistent left shoulder pain status post left shoulder arthroscopy secondary to rotator cuff tear on 10/23/14. It is noted that an x-ray that was performed at the hospital shows a probable left shoulder partial acromioclavicular joint (AC) joint separation and due to the left shoulder pain she is requesting a second opinion. She is taking Norco and has tried Voltaren gel in the past with relief of the shoulder pain. The objective findings reveal she is not able to swing the left upper extremity when ambulating, there is marked tenderness on palpation of the left shoulder over the acromioclavicular joint (AC) , there is positive Hawkin's test and there is a mobile mass over her left clavicle. There is no previous diagnostic test reports noted in the records. There is previous therapy sessions noted in the records. The physician requested treatment included Voltaren Gel 1% Day supply: 30 quantities of 300 Refills: 5 Rx Date 5/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% Day supply: 30 Qty: 300 Refills: 5 Rx Date 5/26/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The claimant sustained a work injury in July 2007 and underwent arthroscopic left shoulder surgery for a rotator cuff tear in November 2014. When seen, there was left shoulder tenderness with positive impingement testing. Voltaren gel is referenced as having previously helped with shoulder pain. Norco and Voltaren gel were prescribed. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the left shoulder amenable to topical treatment. No other NSAID medication is being prescribed. Therefore, the request was medically necessary.