

Case Number:	CM15-0135884		
Date Assigned:	07/23/2015	Date of Injury:	05/21/2008
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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, 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:

This injured worker is a 65 year old male, who reported an industrial injury on 5/21/2008. His diagnoses, and or impression, were noted to include: left-sided cervical disc bulge with radiculopathy; and left shoulder rotator cuff injury with biceps tendon tear and impingement. No current imaging studies were noted. His treatments were noted to include a home exercise program; medication management; and modified work duties. The progress notes of 5/29/2015 reported a re-evaluation of continued, intermittent neck and left shoulder pain with frequent numbness/tingling down the left upper extremity, as well as pain and stiffness in his left shoulder, all of which increases with activity. Objective findings were noted to include spasms in the bilateral trapezial areas, left > right, tenderness in the para-spinal muscles, pain with motion, and positive distraction compression tests in the cervical spine; and point tenderness about the left shoulder joint that was with positive Neer and Hawkins signs, and decreased range-of-motion with weakness. The physician's requests for treatments were noted to include Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, as the patient is also taking oral Voltaren without documentation of intolerance or side effects. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.