

Case Number:	CM15-0139097		
Date Assigned:	07/29/2015	Date of Injury:	11/07/1995
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 experienced a work related injury on November 7, 1995. Diagnoses include right shoulder pain, impingement syndrome, partial thickness rotator cuff tear, focal entrapment neuropathy of the upper extremities and bilateral shoulder interarticular pathology. Diagnostics involved a MRI of the right shoulder on October 7, 2009, which revealed possible impingement. Treatment has included medications, physical therapy and arthroscopic surgery of the rotator cuff in July 2010. Request is for Voltaren gel 1 percent, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #1: 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 Topical Analgesics Page(s): 111.

Decision rationale: The use of Voltaren gel as a topical analgesic is not supported by MTUS guidelines. Topical analgesics are recommended as an option and for short-term use (4-12 weeks). Topical non-steroidal anti-inflammatory agents (such as Voltaren gel) per MTUS guidelines may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Therefore, the use of Voltaren gel one percent, quantity 1 is not medically necessary and appropriate.