

Case Number:	CM15-0141934		
Date Assigned:	07/29/2015	Date of Injury:	01/24/2008
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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: Emergency 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 (IW) is a 42-year-old male who sustained an industrial injury 01-24-2008. Diagnoses include pain in joint, shoulder; and status post left shoulder arthroscopy. Treatment to date has included medications, physical therapy, shoulder surgeries and activity modification. According to the progress notes dated 6-23-2015, the IW reported neck and shoulder pain as well as left leg and buttock pain. His primary care physician attributed the leg and buttock pain to walking with his left hand in his pocket, causing him to tilt to the left; he did this to alleviate his shoulder pain. He also reported feeling depressed and a history of sleep disturbances. On examination muscle tone was normal in all extremities. MRI of the right shoulder dated 2-21-2013 showed subacromial-subdeltoid bursitis; mild acromioclavicular degenerative changes; and a possible paravertebral cyst. A request was made for one tube of Voltaren gel 1% 100 grams for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tube of Voltaren Gel 1% 100 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder and is therefore not medically necessary.