

Case Number:	CM15-0146666		
Date Assigned:	08/07/2015	Date of Injury:	02/28/2003
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 female, who sustained an industrial injury on 2-28-2003. Diagnoses include status post repair of supraspinatus tendon with low-grade partial thickness tear x 2, biceps tendon severe degeneration per magnetic resonance angiography (MRA) dated 8-13-2009, history of repetitive trauma disorder right upper extremity, status post gastric bypass (non-industrial), and normal EMG (electromyography)/NCS (nerve conduction studies) dated 7-29-2010. Treatment to date has included surgical intervention (right shoulder 8-2008, and prior surgeries in May, 2005 and March, 2007) as well as conservative treatment consisting of injections, and medications including Norco, Valium, Ambien and Voltaren gel. She has been approved for physical therapy. Per the Primary Treating Physician's Progress Report dated 6-04-2015, the injured worker reported right shoulder and right knee pain. Physical examination revealed good range of motion of the right shoulder. She has tenderness across the knee joint towards the lateral aspect. She does have some bruising from a Synvisc injection and she is wearing a soft right knee brace. The plan of care included topical medications and authorization was requested for Voltaren gel 1%, #5 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 5 tubes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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 February 2003 and continues to be treated for right knee and shoulder pain. Her past medical history includes gastric bypass surgery. When seen, there was right knee tenderness and was using a knee brace. Medications being prescribed include Voltaren gel. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has a history of gastric bypass surgery, which would be a contraindication to an oral NSAID medication. She has localized right knee and shoulder pain that would be amenable to topical treatment. This request for Voltaren gel is medically necessary.