

Case Number:	CM15-0148123		
Date Assigned:	08/11/2015	Date of Injury:	07/03/2009
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 48 year old female, who sustained an industrial injury on July 3, 2009. She reported dislocating her left shoulder when a product fell off the shelf on top of her. The injured worker was diagnosed as having left shoulder region degenerative joint disease and injury of the tendon of the left shoulder rotator cuff. Treatments and evaluations to date have included physical therapy, reverse total shoulder replacement, home exercise program (HEP), x-rays, and medication. Currently, the injured worker reports left shoulder pain with painful trigger point around the left trapezius muscle, and night sweats, depression, sleep disturbances, restless sleep, and anxiety. The Treating Physician's report dated June 18, 2015, noted the injured worker reported restarting physical therapy and making progress with function and use of her left shoulder. The injured worker was noted to be using Ibuprofen and Voltaren gel, which she found very helpful. The injured worker's medications were listed as Albuterol, Ibuprofen, Lidocaine adhesive patch, and Pristiq, Symbicort, Ventolin, Vicodin, and Voltaren gel. The treatment plan was noted to include continued use of the Voltaren gel and continued physical therapy. The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100gm with 2 refills: Upheld

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): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Voltaren Gel (Diclofenac).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The requested Voltaren gel contains Diclofenac, a non-steroid anti-inflammatory drug (NSAID). The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical non-steroidal anti-inflammatory agents (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment, and are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidals are not recommended for neuropathic pain. The ODG states that topical Diclofenac (Voltaren) is not recommended as a first line treatment due to increased risk profile. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, and after considering the increased risk profile of Diclofenac, including topical formulations. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac, with cases of severe hepatic reactions reported in post marketing surveillance, and the transaminases should be measured periodically in all patients receiving long-term therapy with Diclofenac. The injured worker was noted to have been prescribed the Voltaren gel since at least May 2014. The injured worker was noted to have been advised by her physician not to use oral NSAIDs, however was being prescribed Ibuprofen along with the Voltaren gel. The documentation provided did not include laboratory evaluations or physician's documentation of evaluation of the transaminases. The documentation provided failed to include objective, measurable documentation of improvement in pain, function, specific activities of daily living, works status, or dependency on continued medical treatment with the use of the Voltaren gel. Therefore, based on guidelines, the documentation provided did not support the medical necessity of the request for Voltaren gel 1%, 100gm with two refills. The request is not medically necessary.