

Case Number:	CM15-0163275		
Date Assigned:	08/31/2015	Date of Injury:	08/20/2007
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 41 year old female, who sustained an industrial injury on 8-20-07. The injured worker was diagnosed as having bilateral rotator cuff tendinitis, bilateral rotator cuff tear, and bilateral impingement syndrome. Treatment to date has included multiple right upper extremity surgeries, physical therapy, TENS, a right shoulder injection, and medication. Currently, the injured worker complains of bilateral shoulder pain. The treating physician requested authorization for Voltaren gel 1% #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The current request is for Voltaren gel 1% 100 count with no refills. The RFA is dated 07/28/15. Treatment to date has included multiple right upper extremity surgeries, physical therapy, TENS, a right shoulder injection, and medication. MTUS

Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per report 07/01/15, the patient presents with chronic bilateral shoulder pain. Examination revealed positive impingement on the right and weakness over the AC joint and biceps tendon. The treater recommended a refill of Voltaren gel. The patient has been prescribed Voltaren gel for her "shoulders and upper back musculature" since at least 01/06/15. Guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Given this medication has been prescribed for the patient's shoulder and upper back complaints, recommendation for further use cannot be supported. This request IS NOT medically necessary.