

Case Number:	CM15-0181607		
Date Assigned:	10/19/2015	Date of Injury:	11/28/2013
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 35 year old male, who sustained an industrial injury on 11-28-13. The documentation on 8-31-15 noted that the injured worker has complaints of left shoulder pain and he has an increase in pain with certain activities such as forward flexion of his left upper extremity or with overhead activities with his left arm. The pain is made better with the intermittent use of medication as well as avoiding exacerbating activities. Objective findings noted no edema or tenderness palpated in any extremity. The diagnoses have included pain in joint, shoulder region. Treatment to date has included sumatriptan for migraines; voltaren gel when he has a pain exacerbation; gabapentin for neuropathic pain; naproxen for anti-inflammatory; cortisone injection; [REDACTED] Functional Restoration Program (NCFRP) completed and physical therapy. The documentation noted on 8-31-15 that diclofenac was discontinued. The original utilization review (9-11-15) non-certified the request for voltaren 1 percent gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. It is not recommended for shoulder pain. The request is not medically necessary.