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| Case Number: | CM15-0182274 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 04/25/2002 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 59 year old male who sustained an industrial injury on 04-25-2002. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for carpal tunnel syndrome, osteoarthritis of the shoulder, pelvic region, and thigh, joint pain in ankle and foot, displacement of cervical and lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc, disorder of rotator cuff, subacromial bursitis, enthesopathy of hip region, acquired trigger finger, sprain of shoulder, and glenoid labrum detachment. Treatment and diagnostics to date have included physical therapy and medications. Current medications include Norco and Voltaren gel. In a progress note dated 06-29-2015, the injured worker reported bilateral hip, neck, and right shoulder pain. Objective findings included pain with shoulder range of motion and right knee discomfort. The Utilization Review with a decision date of 09-11-2015 non-certified the request for Voltaren 1% gel, apply 5 grams three times daily to shoulder, quantity: 5 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, apply 5 gms 3x a day, qty: 5 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

Decision rationale: The MTUS lists Voltaren Gel as an FDA approved medication 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, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the medical records available, the injured worker has been treated long-term with topical Voltaren that is not indicated as first-line treatment for the areas involved. In addition, he is not on concurrent first-line therapies. Therefore, the request for Voltaren 1% gel apply 5 gms 3x a day, #5 with 2 refills, cannot be considered medically necessary.