

Case Number:	CM15-0186930		
Date Assigned:	09/28/2015	Date of Injury:	03/27/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/22/2015

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 32 year old male, who sustained an industrial injury on 3-27-2013. A review of the medical records indicates that the injured worker is undergoing treatment for patellar tendinitis, left shoulder adhesive capsulitis, left shoulder pain, status post left shoulder surgery, lumbar degenerative disc disease, and chronic neck pain. On 7-2-2015, the injured worker reported persistent left shoulder and left low back pain rated 7 out of 10, increased from 5-19-2015 when the injured worker reported his pain as 3 out of 10, with new injury to his right knee with increase to the low back pain. On 8-4-2015, the injured worker reported right knee pain. The Primary Treating Physician's report dated 7-2-2015, noted the injured worker with spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine with tenderness noted in the lumbar facet joints bilaterally. Tenderness was noted in the left acromioclavicular joint more so than the glenohumeral joint. The treatment plan was noted to include a prescription for Voltaren gel, noted to have been prescribed since at least 11-4-2014. The Treating Physician's report dated 8-4-2015, noted the injured worker with pain, swelling, and fracture on the right side with the injured worker reporting the symptoms acute and traumatic from a direct blow during an altercation on May 14, 2015. The injured worker's current medications were noted to include Norco. The physical examination was noted to show the right knee with patellar tenderness and mild swelling, crepitation, and tenderness at the lateral to the tibial tubercle with no tenderness of the tendon itself or the posterolateral corner. Prior treatments have included bracing-splinting, left shoulder surgery in January 2014, at least 12 sessions of physical therapy, and medications including Celebrex, Ketoprofen, and Flexeril.

The treating physician indicates that right knee x-rays performed on 8-4-2015, showed no fractures, dislocations, or other concerning osseous lesions, with the joint spaces preserved. The treatment plan was noted to include a referral for physical therapy, the addition of Mobic, and continued knee bracing with light duty recommended. The request for authorization dated 8-14-2015, requested Voltaren gel 1% apply two to four gm qid. The Utilization Review (UR) dated 8-21-2015, non-certified the request for Voltaren gel 1% applies two to four gm qid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply two to four gm qid: 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 rationale: The claimant sustained a work injury in March 2013 and is being treated for injuries sustained during an altercation while working as a probation officer. Arthroscopic left shoulder surgery was done in January 2014 with a subacromial decompression and labral debridement. The claimant has a history of right knee surgery and morbid obesity. When seen, he was having worsening left shoulder pain due to repetitive upper extremity work. There had been a recent new right knee injury. He had persistent low back pain. Physical examination findings included lumbar spasms and stiffness and positive lumbar facet tenderness. There was left shoulder tenderness with nearly normal flexion but with popping. Voltaren gel was prescribed. In August 2015 Mobic was prescribed. 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, there is no apparent history of intolerance or contraindication to an oral NSAID and Mobic was subsequently prescribed. Prescribing Voltaren gel when the request was made is not considered medically necessary.