

Case Number:	CM15-0188423		
Date Assigned:	09/30/2015	Date of Injury:	04/17/2009
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California
 Certification(s)/Specialty: 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:

This is a 61-year-old female patient, who sustained an industrial injury on 4-17-09. The diagnoses include right shoulder impingement. The PR-2 notes dated 9-8-15 was not fully legible. Per the PR-2 notes, dated 9-8-15 she had complains of constant right shoulder pain with muscle tightness on range of motion and joint pain with itching. The physical examination revealed positive impingement, right trapezius and rhomboid spasms. The patient was prescribed soma and voltaren gel. Previous medications list is not specified in the records provided. She has had an MRI cervical spine dated 12-23-14, which revealed mild degenerative changes of the cervical spine. Per the note dated 8/11/14, patient's diagnoses include right shoulder rotator cuff repair/revision. Details regarding procedure or surgery related to this injury are not specified in the records provided. She has had physical therapy and chiropractic care for this injury. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-17-15 and non-certification was Voltaren gel 1%, 100grams right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100grams right shoulder: 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) Chapter: Pain (updated 10/09/15)Voltaren Gel (diclofenac).

Decision rationale: Voltaren gel 1%, 100grams right shoulder. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Evidence of neuropathic pain is not specified in the records provided. The cited guidelines do not recommend voltaren gel for this diagnosis. Intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an anticonvulsant and antidepressant is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Voltaren gel 1%, 100grams right shoulder is not medically necessary for this patient at this time.