

Case Number:	CM15-0192094		
Date Assigned:	10/06/2015	Date of Injury:	06/22/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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 65 year old female, who sustained an industrial injury on June 22, 2010. The injured worker was diagnosed as having complete rupture of rotator cuff, rotator cuff sprain and strain, adhesive capsulitis of the shoulder, other affections of the shoulder region not elsewhere classified, and lack of coordination. Treatment and diagnostic studies to date has included a home exercise program, x-rays to the bilateral shoulders, medication regimen, status post left shoulder arthroscopy times two, and status post right shoulder arthroscopy. In a progress note dated August 07, 2015 the treating physician reports occasional posterior shoulder pain to the medial aspect of the bilateral shoulder blades along with pain to the bilateral shoulders with overhead activities. Examination performed on August 07, 2015 was revealing for mild to moderate dyskinesia, and decreased motor strength to the supraspinatus and infraspinatus anterior deltoid muscle. The medical records provided only included the medication regimen of Lexapro (with the start date unknown) from the progress note dated August 07, 2015. The progress note from August 07, 2015 did not include the injured worker's numeric pain level on a visual analog scale. On August 07, 2015 the treating physician requested Voltaren 1% gel with a quantity of 5 tubes to be applied to the bilateral shoulders, but the documentation did not indicate the specific reason for the requested medication. On September 01, 2015 the Utilization Review denied the request for Voltaren 1% gel with a quantity of 5 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #5 tubes: Upheld

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

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

Decision rationale: The patient presents with pain in the bilateral shoulders. The request is for Voltaren 1% gel #5 tubes. Patient is status post right shoulder surgery, 07/19/11, and left shoulder surgery, 02/28/12. Examination to bilateral shoulders on 08/07/15 revealed mild to moderate scapular dyskinesia. Per 08/25/15 Request For Authorization form, patient's diagnosis includes bilat shoulder recurrent RC tears. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, 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 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. In this case, only one progress report was provided, dated 08/07/15, in which the treater prescribes Voltaren Gel to be applied to both shoulders 4 times daily. The Guidelines however, do not recommend using Voltaren gel for shoulders. Furthermore, the guidelines recommend short term use of topical NSAIDs, due to diminishing effects lasting less than 4 weeks, and the requested 5 tubes exceeds guideline recommendations. Therefore, the request is not medically necessary.