

Case Number:	CM15-0198504		
Date Assigned:	10/13/2015	Date of Injury:	12/06/2011
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 6, 2011. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced an RFA form received on September 17, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On the September 17, 2015 office visit at issue, the applicant was described as having ongoing complaints of shoulder and right upper extremity pain, reportedly worsened since the preceding visit. The stated diagnoses, per the attending provider, were "shoulder pain" and "dizziness and giddiness." Tylenol, Voltaren gel, physical therapy, a TENS unit, and a psychology consultation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, apply 2-3 times to affected areas as needed: 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: No, the request for topical Voltaren gel is not medically necessary, medically appropriate, or indicated here. The primary pain generator here was the shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren, i.e., the article at issue, has "not been evaluated" in the treatment of the spine, hip, or shoulder. Here, the attending provider failed to furnish a clear or compelling rationale for provision of topical Voltaren for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of oral Tylenol, moreover, seemingly obviated the need for the Voltaren gel at issue. Therefore, the request is not medically necessary.