

Case Number:	CM15-0200911		
Date Assigned:	10/16/2015	Date of Injury:	12/08/2004
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 12-8-2004. The injured worker was being treated for mild residual right shoulder impingement syndrome status post arthroscopic subacromial decompression with a global capsular release, residual left shoulder impingement syndrome status post redo left shoulder arthroscopic subacromial decompression with suture removal and Mumford procedure, cervical degenerative disc disease, chronic cervicgia, neck and back myofascial pain, chronic left pelvic pain with extension to left hip and knee (likely neuropathic in nature), left temporomandibular joint syndrome, and pain related depression and anxiety. Medical records (5-13-2015, 6-17-2015, 8-28-2015) indicate ongoing neck, shoulders, left pelvis, left lower back, hip, and knee pain with associated migraine headaches and left jaw pain. The injured worker reported a 30% decrease in pain with the use of Voltaren 1%. The physical exam (5-13-2015, 6-17-2015, 8-28-2015) reveals tenderness over the left temporomandibular joint. There are positive impingement signs of the bilateral shoulders, left shoulder forward flexion and abduction of 110 degrees, and right shoulder forward flexion and abduction of 90 degrees. There is tenderness to palpation in the cervical, upper thoracic and lumbar spines and bilateral cervical, upper thoracic and lumbar paraspinal regions, spasm in the bilateral cervical paraspinal regions, and decreased range of motion in all planes. There is significant tenderness to palpation at the left iliac crest, slight tenderness at the left greater trochanter, and diffuse tenderness overlying the left hip. There is lateral posterior left knee pain, minimal crepitus upon active ranging, no ligamentous laxity, and within normal limits range of motion in the knees. On 4-8-2015, x-rays of the cervical spine revealed status post anterior

cervical discectomy and fusion at C5-6 (cervical 5-6). There appears to be a solid bone union without evidence of other significant disc or neuroforaminal abnormality. Surgeries to date have included right shoulder arthroscopic subacromial decompression with a global capsular release, left shoulder arthroscopic subacromial decompression and superior labral tear from anterior to posterior repair, a redo left shoulder arthroscopic subacromial decompression with suture removal and Mumford procedure, and C5-6 fusion. Treatment has included physical therapy, a home exercise program, bilateral shoulder steroid injections, cervical medial branch blocks, cervical epidural steroid injection, a maxillary orthotic, and medications including oral pain, topical pain (Voltaren Gel 1% since at least 4-2015), antidepressant, muscle relaxant, and anti-migraine. The requested treatments included Voltaren gel 1%. On 9-18-2015, the original utilization review non-certified a request for Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply twice a day quantity 3 with three refills: 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: According to the MTUS guidelines, topical analgesics are 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 is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical NSAIDS including Pennsaid in the prior months. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel with 3 refills is not medically necessary.