

Case Number:	CM15-0203466		
Date Assigned:	10/21/2015	Date of Injury:	03/11/2013
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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 75 year old male patient who sustained an industrial injury on 3-11-13. The diagnoses include left shoulder adhesive capsulitis and rotator cuff tear. Per the doctor's note dated 7-30-15 he had complaints of left shoulder pain as "unchanged". The physical examination revealed left shoulder with tenderness, crepitus and decreased range of motion. The medications list includes voltaren gel, simvastatin, glimepiride and metformin. He has undergone left shoulder surgery in 2014. He had left shoulder MRI dated 6/9/2015, which revealed tear in labrum. He had physical therapy for this injury. The original utilization review (9-24-15) denied a request for Voltaren 1% 100 grams, 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% 100 grams, 3 refills: 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 1% 100 grams, 3 refills. 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 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." Any intolerance or contraindication to oral medications is not specified in the records provided. This patient has chronic shoulder pain. There is no high grade scientific evidence to support voltaren gel for shoulder complaints. Evidence of significant neuropathic pain 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 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 failure of oral NSAIDs is not specified in the records provided. The medical necessity of Voltaren 1% 100 grams, 3 refills is not fully established for this patient at this time.