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| Case Number: | CM15-0204660 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 04/23/2013 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female, who sustained an industrial injury on April 23, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right shoulder impingement, internal derangement of left knee not otherwise specified and right reflex sympathetic dystrophy. On April 16, 2015, notes stated that she had a left knee cortisone injection, which improved her knee pain, but the pain still persists. Notes stated that there had been "no significant improvement" since a prior exam date and that she cannot tolerate oral medications. Voltaren gel was ordered. On May 21, 2015, the injured worker complained of right shoulder, right arm and left knee pain. Notes stated that there had been "no significant improvement" since the last exam. She saw a pain management specialist as well as an orthopedic surgeon for her right shoulder. The orthopedic surgeon recommended an updated MRI of the right shoulder. On the day of exam, her current medication included Lidoderm patch and Voltaren gel. The treatment plan included pain management specialist, MRI of right shoulder and a follow-up visit. On October 1, 2015, utilization review denied a request for Voltaren gel 1% 30-day supply quantity of 100 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% day supply: 30 Qty: 100 Refills: 00: 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: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, there is insufficient evidence of osteoarthritis in the records from 5/21/15 to warrant Voltaren Gel. Therefore, the request is not medically necessary and the determination is for non-certification.