MAXIMUS Federal Services

Case Number:	CM15-0209259		
Date Assigned:	10/28/2015	Date of Injury:	03/27/2013
Decision Date:	12/09/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female with a date of industrial injury 3-27-2013. The medical records indicated the injured worker (IW) was treated for brachial neuritis or radiculitis not otherwise specified; shoulder impingement; and carpal tunnel syndrome. In the progress notes (8-17-15, 10-8-15), the IW reported pain in the right shoulder and bilateral upper extremities. She most recently reported numbness and tingling in both hands. Medications were Ketoprofen ER, Omeprazole, Capsaicin cream, Carisoprodol and Tylenol #3. Voltaren 1% gel was prescribed 10-8-15 for application to the affected areas. On examination (8-17-15 and 10-8-15 notes), the right elbow was tender to palpation and effusion was noted. Ranges of motion of the elbows were within functional limits. Cozen's sign was positive on the right only. Tinel's sign was negative bilaterally. There was tenderness, spasms, and reduced range of motion in the cervical spine. Sensation was reduced in the bilateral median nerve distribution. Shoulder range of motion was restricted in flexion and abduction and impingement test was positive bilaterally. Sensation was reduced in the median nerve distribution and Tinel's and Phalen's tests were positive in the bilateral wrists. Treatments included medications, right shoulder surgery and physical therapy. She was taking an oral NSAID with Omeprazole, as she had a history of gastritis. The IW was temporarily totally disabled. A Request for Authorization was received for Voltaren gel 1% (diclofenac sodium topical gel). The Utilization Review on 10-17-15 non-certified the request for Voltaren gel 1% (diclofenac sodium topical gel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel (diclofenac sodium topical gel) 1% for cervical and shoulder: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in June 2013 and is being treated for right shoulder and elbow pain. In August 2015, she had worsening pain and MRI scans were requested. Medications included Naprosyn and omeprazole. When seen in October 2015 she was having ongoing bilateral upper extremity pain. Right shoulder surgery had been recommended. Physical examination findings included right elbow tenderness with an effusion. There was cervical tenderness with spasms and decreased range of motion. There was decreased shoulder and wrist range of motion with positive impingement testing and positive Tinel's and Phalen's tests. There was decreased median nerve distribution sensation bilaterally. Extended release oral Ketorolac was prescribed. Voltaren gel is being requested. The claimant has a history of gastritis. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has a history of gastritis. However, oral Ketorolac is being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.