

Case Number:	CM15-0211570		
Date Assigned:	10/30/2015	Date of Injury:	04/12/2005
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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(n) 58 year old female patient, who sustained an industrial injury on 4-12-05. The diagnoses include status post right shoulder surgery and NSAID intolerance. Per the doctor's note dated 7-30-15 and 9-24-15, she had complaints of right shoulder pain. Objective findings on 7-30-15 and 9-24-15 revealed right shoulder abduction 160 degrees, flexion 160 degrees and internal and external rotation 10 degrees. According to the PR2 dated 10-5-15, she had complaints of neck and right shoulder pain. She rates her pain 8-9 out of 10 and has moderate difficulty with sleep. Objective findings include spasms and tenderness in the C5-C7 area, "limited" cervical range of motion and range of motion in the right shoulder decreased to 80 degrees. The patient was prescribed Flexeril and Voltaren gel (no previous prescriptions found). Her surgical history includes 3 C-sections, right shoulder rotator cuff repair on 2/3/2006 and right shoulder revision rotator cuff repair on 8/8/2006. Treatment to date has included physical therapy and acupuncture. The Utilization Review dated 10-14-15, non-certified the request for Voltaren gel 1% #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 12/02/15), Voltaren (R) Gel (Diclofenac).

Decision rationale: 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. Per the records provided the patient had right shoulder and neck pain. The cited guidelines do not recommend Voltaren gel for this diagnosis. 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 and anticonvulsant 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. Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The medical necessity of Voltaren 1% gel #100 is not fully established for this patient at this time and the request is not medically necessary.