

Case Number:	CM15-0215272		
Date Assigned:	11/05/2015	Date of Injury:	11/01/2011
Decision Date:	12/16/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/02/2015

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 65 year old male, who sustained an industrial injury on 11-1-11. Medical records indicate that the injured worker is undergoing treatment for impingement of the shoulder, rotator cuff sprain, left shoulder impingement syndrome and sprain of left shoulder joint. The injured worker is currently retired. On (10-7-15) the injured worker complained of pain in the left shoulder. The injured worker noted using Voltaren gel that is helping reduce the shoulder pain. The pain was rated 8 out of 10 on the visual analog scale. The injured worker noted shooting pain in his arms and numbness. Objective findings revealed increased spasms on top of the left shoulder over the supraspinatus muscles. Tenderness was noted over the left acromioclavicular joint and palpable swelling consistent with arthritis of the acromioclavicular joint. Range of motion was decreased. Occasional crepitus was noted with motion. Treatment and evaluation to date has included medications, MRI of the left shoulder, x-ray of the left shoulder, cortisone injection and electromyography-nerve conduction study. Current medications include Benicar, Gabapentin, hydrocodone, Meloxicam and Voltaren gel. The current treatment request is for Voltaren 1% gel #1 (duration unspecified). The Utilization Review documentation dated 10-13-15 non-certified the request for Voltaren 1% 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% #1: 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 oral NSAIDS for several 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 length of use was not specified. The Voltaren gel is not medically necessary.