MAXIMUS Federal Services

Case Number:	CM15-0224899		
Date Assigned:	11/23/2015	Date of Injury:	07/20/2014
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/16/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 52 year old female who sustained an industrial injury on 7-20-14. A review of the medical records indicates she is undergoing treatment for cervicothoracic spin strain - rule out cervical radiculopathy, status post right shoulder arthroscopy with subsequent manipulation under anesthesia, and adhesive capsulitis of the right shoulder. Medical records (7-7-15, 8-4-15, 9-1-15, 9-22-15, and 10-13-15) indicate ongoing complaints of right shoulder and neck pain that radiates from the bottom of the shoulder blade. She also reports "occasional" clicking sensation in the right shoulder (9-22-15). She rates her pain "8 out of 10" (9-1-15) and reports no activity of daily living impairment (9-22-15). The physical exam (10-13-15) reveals muscle guarding and spasm present in the cervical spine. Examination of bilateral shoulders reveals positive Neer's impingement test on the right and positive Hawkins-Kennedy test on the right. Treatment has included physical therapy, a home exercise program, and medications. She is not working. Treatment recommendations include an MRI of the cervical spine, thoracic spine, and right shoulder, as well as an EMG-NCV study of bilateral upper extremities, 12 sessions of physical therapy for the cervical spine, thoracic spine, and right shoulder, and Voltaren gel. The utilization review (10-21-15) includes a request for authorization of Voltaren gel 1% #100 with 3 refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #100g with 3 refills directed to the diagnosis of cervical/thoracic spine strain and status post shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity, therefore is not medically necessary.