

Case Number:	CM15-0032448		
Date Assigned:	02/25/2015	Date of Injury:	08/21/2010
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 55 year old female, who sustained an industrial injury on August 21, 2010. She has reported left shoulder pain. The diagnoses have included pain in shoulder joint. Treatment to date has included medications. A progress note dated January 5, 2015 indicates a chief complaint of continued left shoulder pain. Physical examination showed left shoulder tenderness and decreased range of motion. The treating physician requested prescriptions for Mobic and Voltaren gel. On February 10, 2015 Utilization Review certified the request for the prescription for Mobic and denied the request for the prescription for Voltaren gel citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for a prescription for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

Decision rationale: According to guidelines, it states voltaren 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. Based on this it is not medically necessary.