

Case Number:	CM15-0034793		
Date Assigned:	03/03/2015	Date of Injury:	09/23/2009
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 56 year old male sustained a work related injury on 09/23/2009. According to a progress report dated 01/26/2015 the injured worker complained of left shoulder pain. His symptoms had improved since his last appointment. Pain was rated 3 on a scale of 1-10 with medication at rest and 5 with activity. He complained of numbness, tingling and weakness in his left shoulder. Assessment was noted as status post left shoulder surgery with extensive debridement of the rotator cuff and labrum, synovectomy with capsular release, distal clavicle resection and subacromial decompression, December 4, 2014. Treatment plan included a home exercise program, complete authorized sessions of physical therapy, and use of hot and cold modalities along with stretching and continue activity as tolerated. Medication use was discussed. Medications were not listed. The injured worker received an ultrasound guided injection to the left shoulder. A request for authorization dated 02/09/2015 was submitted for review. The request was for 12 sessions of physical therapy and a prescription for Voltaren Gel. Diagnoses included adhesive capsulitis shoulder and radial styloid tenosynovitis. A prescription was written for Voltaren Gel, apply to area 3 times a day. On 02/17/2015, Utilization Review non-certified Voltaren Gel 1% tube. According to the Utilization Review physician, the medication had not been evaluated for the treatment of the spine, hip or shoulder. There was no clear cut documentation of osteoarthritis of the shoulder. CA MTUS Chronic Pain Medical Treatment Guidelines page 112 was cited for this request. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drug (NSAID) Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with shoulder pain. The patient is s/p left shoulder scope on 12/04/14. The request is for Voltaren gel 1% tube on 02/09/15. The patient is return to modified work on 02/02/15 per 02/02/15 report. The MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: "Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): FDA-approved agents: 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 is also recommended for tendinitis of peripheral joints. In this case, the treater does not provide any discussion regarding the efficacy and use of this topical product. MTUS require recording of pain and function when medications are used for chronic pain. As it is, it is not known whether or not the topical Voltaren is doing anything for the patient. Furthermore, the patient does not present with osteoarthritis pain or peripheral joint pain for which topical NSAIDs may be indicated. Shoulder is not a peripheral joint that is amenable to topical treatments. The request IS NOT medically necessary.