

Case Number:	CM15-0039483		
Date Assigned:	03/09/2015	Date of Injury:	01/31/2013
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: California
Certification(s)/Specialty: Emergency 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 50-year-old male with an industrial injury dated January 31, 2013. The injured worker diagnoses include shoulder pain and right shoulder pain status post tendon repair in June 2013. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, cortisone injection, physical therapy, and periodic follow up visits. According to the progress note dated 1/ 7/2015, the injured worker reported bilateral shoulder pain. Objective findings revealed tight muscle band on the right side of the paravertebral muscles. Shoulder exam revealed right shoulder surgical scar, positive bilateral Hawkins test, positive bilateral Neer test, tenderness to palpitation in the bilateral subdeltoid bursa, and restricted left shoulder motion due to pain. Treatment plan consist of physician referral, increase oral pain medication and trial for topical anti-inflammatory medication for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% to apply to affected body part 2-3 times/day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Voltaren gel 1% to apply to affected body part 2-3 times/day as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has bilateral shoulder pain. The treating physician has documented tight muscle band on the right side of the paravertebral muscles. Shoulder exam revealed right shoulder surgical scar, positive bilateral Hawkins test, positive bilateral Neer test, tenderness to palpitation in the bilateral sub deltoid bursa, and restricted left shoulder motion due to pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 1% to apply to affected body part 2-3 times/day as needed is not medically necessary.