

Case Number:	CM15-0049588		
Date Assigned:	03/23/2015	Date of Injury:	02/26/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 2/26/14. She reported a right shoulder injury. The injured worker was diagnosed as having right shoulder /arm sprain; right medial epicondylitis; right rotator cuff impingement syndrome; right shoulder tendinitis. The injured worker is a status post right shoulder arthroscopic subacromial decompression, debridement and mini open rotator cuff repair on 1/22/15. Currently, the PR-2 dated 2/11/15, indicates the injured worker is in for a post-operative visit and is able to do light housework but is "still aching, some scapular pain, kind of a burning sensation" in the right shoulder. The treating provider requested Voltaren Topical Gel 1% #100gms for this right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Topical Gel 1% #100gms: Upheld

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

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

Decision rationale: The patient was injured on 02/26/2014 and presents with right shoulder pain and dysfunction. The request is for VOLTAREN TOPICAL GEL 1% #100 GMS. The RFA is dated 02/11/2015 and the patient is to return to work on modified duty as of 01/08/2015. "No work over the shoulder level. The patient is to limit lifting up to, pulling up to, and pushing up to 15 pounds." MTUS Chronic Pain Medical Treatment Guidelines page 111 states the following regarding topical analgesics: "largely experimental and used with few randomized controlled trials to determine efficacy or safety; there is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use." The patient is diagnosed with disorder of bursae and tendons and shoulder region. She has a painful right upper extremity range of motion, tenderness to palpation over the general shoulder and its traps. On 01/22/2015, the patient underwent a right shoulder arthroscopic subacromial decompression, debridement, and mini-open rotator cuff repair. The patient has been using Voltaren gel as early as 11/04/2014. The 12/15/2014 report states that the patient uses "Voltaren gel, the only thing currently giving relief over the apex of her shoulder." Although it appears that Voltaren gel may be beneficial, MTUS Guidelines have "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient presents with right shoulder pain. Due to lack of support from MTUS Guidelines, the requested Voltaren gel IS NOT medically necessary.