

Case Number:	CM15-0060987		
Date Assigned:	04/07/2015	Date of Injury:	01/13/2012
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/31/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old female who sustained an industrial injury on 1/13/12. Injury occurred when a 30 low back centrifuge lid come down on her while working as a laboratory assistant. This claim was accepted for the head, abdomen/groin, right shoulder, neck, and right upper arm. Past medical history was positive for diabetes mellitus, gastrointestinal complaints, hypertension, and anxiety/stress. The 7/15/13 upper extremity EMG/NCV documented evidence of moderate to severe bilateral median sensorimotor neuropathies at the writ, and mild right ulnar motor demyelinating neuropathy at the elbow. Records documented that Voltaren gel had been prescribed as of 1/5/15 as an anti-inflammatory as the injured worker could not tolerate oral anti-inflammatory medication due to gastrointestinal response. Records suggested that use was for the right shoulder. The 3/16/15 treating physician report cited subjective complaints of constant moderate to severe right shoulder pain and cracking, radiating to the right upper forearm, right hand weakness and tingling in the 1st through 3rd digits to the palm, and right elbow pain. The diagnosis included right shoulder rotator cuff tear, cervical sprain/strain, right upper extremity pain due to cervical degenerative disc disease and spinal stenosis, severe bilateral carpal tunnel syndrome, and right cubital tunnel syndrome. The treatment plan recommended right shoulder arthroscopic subacromial decompression, pre-operative medical clearance, wrist brace, tramadol 40 mg #480, Cymbalta 30 mg #120, and Voltaren gel. The 3/30/15 utilization review certified the request for right shoulder arthroscopic subacromial decompression, pre-operative medical clearance, wrist brace, tramadol 40 mg #480, and Cymbalta 30 mg #120. The request for Voltaren gel 100 gm was non-certified, as the body part for use was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm QTY: 16.00: 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): 111-113.

Decision rationale: The California MTUS states that topical Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Guidelines state that it has not been evaluated for treatment of the spine, hip or shoulder. In general, topical NSAIDs (non-steroidal anti-inflammatory drugs) are not recommended for neuropathic pain as there is no evidence to support use. Use of topical NSAIDs is indicated for 4 to 12 weeks. Guideline criteria have not been met. Records indicate that Voltaren gel was being used for right shoulder complaints, which is not supported by guidelines. Other complaints include neuropathic pain, for which the use of Voltaren gel is also not supported. The injured worker has been approved for shoulder surgery. There is no documented specific pain or functional benefit noted with use. Long-term use is not recommended. Therefore, this request is not medically necessary.