

Case Number:	CM15-0081036		
Date Assigned:	05/01/2015	Date of Injury:	08/21/2007
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 58 year old female, who sustained an industrial injury on August 21, 2007. She reported right shoulder, wrist and hand pain with tingling and numbness of the right hand. The injured worker was diagnosed as having overuse syndrome/pain in the limb, sprain/strain of the shoulder and arm and tenosynovitis of the right hand and wrist. Treatment to date has included radiographic imaging, diagnostic studies, right carpal tunnel surgery, shoulder surgery and right elbow surgery, physical therapy, medications and work restrictions. Currently, the injured worker complains of right shoulder, wrist and hand pain with tingling and numbness of the right hand. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 14, 2014, revealed continued pain. She had been using Flector patches but could no longer get them and Voltaren gel was prescribed. Evaluation on January 8, 2015, revealed continued pain as noted. She reported benefit with Voltaren gel for right shoulder pain. A retrospective request for Voltaren gel was made for the date of service January 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Voltaren gel (DOS: 1/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren/Diclofenac gel have poor evidence to support its use but may have some benefit but recommend short term use only. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's has been using diclofenac patch and this gel on the shoulder. As per MTUS Guidelines, the use of Voltaren gel for patient's pain is not supported by evidence and chronic use is not recommended. Patient has been using diclofenac for at least 6months. Chronic use and use in a not recommended body part means Voltaren gel is not medically necessary.