MAXIMUS Federal Services

Case Number:	CM15-0081302		
Date Assigned:	05/04/2015	Date of Injury:	06/24/2013
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 female who sustained an industrial injury on 6/24/13 when she fell from a ladder, landing on top of the ladder with resulting neck pain radiating to the back and head; right shoulder pain radiating to the back; lower back pain with no radiation. She was diagnosed with cervical, lumbar, thoracic, and right shoulder strain; right thigh contusion; contusion of the left lower leg. X-rays of the affected areas were negative for fractures. She was treated with naproxen, Ultracet, cold compresses, physical therapy and modified work. She currently complains of pain in the neck and back with pain level of 7-8/10; right shoulder pain (8-9/10). Medication is Tylenol. Diagnoses include status post right shoulder surgery (12/27/13, open repair rotator cuff, subacromial decompression, left adhesive capsulitis) with persistent complaints of pain with restricted range of motion; persistent neck pain; persistent low back pain. Treatments to date include pain medications, orthopedic consult, physical medicine and rehabilitation consult, physical therapy. Diagnostics include MRI of the right shoulder with tendinitis and no recurrent tear. In the progress note dated 3/30/15 the treating provider's plan of care includes Voltaren gel to affected area as needed for pain, 2 tubes with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100g #2 tubes refill: 1: Upheld

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

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. Diclofenac has evidence for its use in 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 is reportedly using this on the shoulder, neck and lower back or neck but as per MTUS Guidelines, it is not recommended on body parts that this is to be used. A refill is also not medically necessary without reassessment of efficacy on this medication. The use of Voltaren gel for patient's pain is not supported by evidence and is not medically necessary.