

Case Number:	CM15-0088447		
Date Assigned:	05/12/2015	Date of Injury:	06/28/2014
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York, Tennessee
 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 30 year old male, who sustained an industrial injury on 6/28/2014. The current diagnoses are contusion sprain/strain with moderate arthritis of the right acromio-clavicular joint and lateral down sloping of the acromion causing impingement syndrome of the right shoulder. According to the progress report dated 3/20/2015, the injured worker complains of right shoulder and wrist pain. The pain is rated 2/10 at rest and 5/10 with activity. The physical examination of the right shoulder reveals obvious atrophy of muscles from limited use, limited range of motion, and rotator cuff tenderness. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, and cortisone injection. The plan of care includes prescription for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Voltaren Gel 1% tube rub on right shoulder twice daily, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. In addition there is no evidence to support the use of the medication on the shoulder. The request is not medically necessary.