

Case Number:	CM15-0238545		
Date Assigned:	12/15/2015	Date of Injury:	09/20/2005
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/07/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 09-20-2005. According to the most recent progress report submitted for review and dated 08-04-2015, the injured worker reported right shoulder discomfort. She presented with her usual discomfort with certain maneuvers of the shoulder. The "cream" had helped to some degrees. Allergies to medications included none. Current medications included Avalide, Glimepiride and Metformin. Physical examination demonstrated the ability to elevate the shoulder. She appeared to have levering maneuver to get up. It appeared that right about chest level, she begin to have discomfort. She had some residual stiffness. The AC joint did not appear to be tender. There was some diffuse discomfort over the superior aspect of the humeral region. Internal rotation was a little more affected reaching approximately L4 and once again with levering motion. Impingement maneuvers were present. Abduction and extension appeared to cause discomfort over the pectoralis minor region. Impression included shoulder pain, right upper extremity status post total shoulder arthroplasty. The provider noted that major pathology was not seen on radiographs. Follow up was indicated based on ongoing pathology. On 12-02-2015, Utilization Review non-certified the request for Voltaren 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 % gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Voltaren gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for Voltaren gel for use in chronic shoulder pain. Voltaren gel may be used as a topical anti-inflammatory in joints amenable to treatment, but has not been evaluated or recommended for use in the shoulder, hips or spine. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs such as Voltaren may be used when trials of first-line agents (antidepressants, anti-epileptic drugs) have failed. Topical NSAIDs may be an option in patients at risk for adverse events from oral NSAIDs. However, Voltaren has an increased risk profile, including severe hepatic reactions, which do not make it a first-line option. In this case, there is no evidence that the claimant has failed first-line agents or oral NSAIDs. There is no evidence of adverse GI reactions requiring a topical agent. Therefore, the request is not medically necessary or appropriate.