MAXIMUS Federal Services

Case Number:	CM15-0240266		
Date Assigned:	12/17/2015	Date of Injury:	10/25/2013
Decision Date:	01/27/2016	UR Denial Date:	12/08/2015
Priority:	Standard	Application Received:	12/09/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 10-25-13. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder sprain/ strain, rotator cuff capsular strain, unspecified disorder of muscles, ligaments, and fascia, disorder of the bursae and tendons of the shoulder region, and pain in joint. Medical records (11-09-15) reveal the injured worker complains of right shoulder pain rated at 8/10. The physical exam (11-09-15) reveals tenderness to palpation in the left acromioclavicular joint, anterior and posterior shoulder area, as well as the deltoid and subdeltoid area. Range of motion is noted to be restricted. Prior treatment includes right shoulder surgery, postoperative physical therapy, and medications including Ibuprofen, Tramadol, Prilosec, and Lidocaine patches. The original utilization review (12-08-15) non-certified the request for Voltaren gel 1% 100 gm #3 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent 100 Gram #3 with 2 Refill DS 90 DOS 11-9-15: Upheld

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

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

Decision rationale: With regard to topical NSAIDs, MTUS states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. It is noted that the injured worker has shoulder pain, however, per the citation above, there is little evidence to support topical NSAIDs for the treatment of osteoarthritis of the shoulder. The request is not medically necessary.