

Case Number:	CM14-0112436		
Date Assigned:	09/22/2014	Date of Injury:	07/05/2013
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old male smoker who reported an injury after pushing a 400 pound drum, when his left hand slipped forward, on 07/05/2013. On 06/24/2014, his diagnoses included shoulder pain, shoulder sprain, and disorder of the shoulder bursa. His medications included etodolac 400 mg, Norco 7.5/325 mg, tramadol 50 mg, and a new prescription for Voltaren gel 1%. The rationale for the Voltaren gel was for pain. He stated that his pain medication was not helping him. He generally woke up at 4 AM due to his shoulder pain, and could not go back to sleep. He was requesting stronger pain medications. A Request for Authorization dated 06/26/2014 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 100gm tubes x 5 with 5 refills: Upheld

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

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

Decision rationale: The request for Voltaren Gel 1% 100gm tubes x 5 with 5 refills is not medically necessary. The California MTUS Guidelines refer to topical analgesics as being

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, including the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. This request did not include a body part or parts which were to have been treated with this gel. Additionally, there was no frequency of application. Therefore, this request for Voltaren Gel 1% 100gm tubes x 5 with 5 refills is not medically necessary.