

Case Number:	CM14-0120040		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2010
Decision Date:	10/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Texas and 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 patient is a 63 year old who was injured on 3/23/2010. The diagnoses are left shoulder rotator cuff tear, shoulder pain and low back pain. The past surgery history is significant for left shoulder rotator cuff repair in 2013. The patient completed PT and home exercise program. On 6/23/2014, the patient reported pain score of 7/10 without medication and 2-4/10 with medications on a scale of 0 to 10. There were objective findings of positive facet loading, positive straight leg raising test and tenderness on palpation of the lumbar spine. The MRI of the lumbar spine showed multilevel spondylosis and foraminal stenosis. The medications are Tylenol #3 and Motrin for pain. A Utilization Review determination was rendered on 7/1/2014 recommending non certification of Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73, 112..

Decision rationale: The CA MTUS and the ODG guidelines recommend the utilization of NSAIDs for the treatment of acute exacerbations of chronic musculoskeletal pain. The chronic use of NSAIDs is associated with renal, cardiovascular and gastrointestinal effects. It is recommended that NSAIDs be used at minimum dosage for the shortest time periods. Topical NSAIDs does not have FDA or guidelines support for use in the treatment of back or shoulder pain. The records indicate that the patient is utilizing 2 NSAIDs, Motrin and topical Voltaren gel. The use of multiple NSAIDs is associated with increased risk of side effects. The patient reported significant pain relief with the use of Motrin. The criteria for the use of Voltaren gel 1% was not met.