

Case Number:	CM14-0122476		
Date Assigned:	09/16/2014	Date of Injury:	06/19/2007
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine and is licensed to practice in California. 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 53-year old female who was reportedly injured on 06/19/2007 after being attacked by a client and sustaining a left shoulder injury in 2007. Her last progress report, dated 06/20/2014, noted that the injured worker complained of pain in the left shoulder, which is constant and chronic. She also complained of limited range of motion, with pain with with abduction, adduction and internal and external rotation. The injured worker also has low back pain in the left lumbar area. A request was made for Voltaren Gel 1%, #400 (25 day supply); the request was not precertified on review on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #400 (25 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Web Edition CA MTUS: 2010 Revision, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, topical NSAIDs Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines Topical analgesics and topical NSAIDs states that evidence supports the use of Voltaren gel only for osteoarthritis.

It has not been evaluated for shoulder problems. Therefore its use cannot be supported by quality evidence. The request for Voltaren Gel 1%, #400 is not medically necessary.