

Case Number:	CM14-0163726		
Date Assigned:	10/08/2014	Date of Injury:	03/07/2010
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old diabetic woman who sustained a work-related injury on March 7, 2010. Subsequently, she developed chronic shoulder pain. The patient was treated with Medications (Norco, ibuprofen, Cymbalta, omeprazole, and Celebrex), acupuncture (with good results), physical therapy, and home exercise program. According to a progress note dated September 4, 2014, the patient described her pain as sharp, burning, throbbing, pin-and-needles, tingling, and numbness. She rated her pain as a 7/10. She reported GI irritation secondary to medications. Physical examination revealed tenderness at the AC joint. There was pain with all shoulder movements. Impingement test was positive. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. Phalen test, Tinel sign and Finkelstein test were negative bilaterally. The patient was diagnosed with bilateral shoulder pain, bilateral supraspinatus tendinosis, chronic impingement syndrome, and bilateral AC joint arthritis. The provider requested authorization to use Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube of Voltaren gel 1%, 100 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics), NONSELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. Therefore request for Voltaren Gel 1% is not medically necessary.