

Case Number:	CM14-0169997		
Date Assigned:	10/20/2014	Date of Injury:	11/07/2013
Decision Date:	12/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation 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 54-year-old female who sustained an injury on 11/7/13. As per the 9/10/14 report, she complained of cervical and right shoulder pain. Exam revealed increased tone throughout the cervical paraspinal musculature, decreased ROM (range of motion) in the right shoulder, positive impingement signs, tenderness along the bicipital groove, and positive de Anquins. Cervical spine MRI dated 1/16/14 revealed degenerative cervical disc disease at C5-6, C6-7 with underlying severe bilateral neuroforaminal stenosis at C5-6 and moderate foraminal stenosis at C6-7. Right shoulder MRI dated 1/6/14 revealed stage III impingement with underlying bicipital tendinopathy, persistent, without evidence of gross rotator cuff tear and right shoulder MRI dated 5/9/14 revealed tendinosis of the supraspinatus, infraspinatus and subscapularis tendons and heterogeneous signal within the anterior labrum, worrisome for an anterior labral tear. EMG/NCV studies of the upper extremities dated 1/31/14 revealed findings of normal NCS and abnormal EMG with right active denervation (clinically-radial radiculopathy) by electrodiagnostic criteria. She is status post right carpal tunnel and trigger thumb release. She is currently on Voltaren twice a day as well as intermittent use of gel, Robaxin, and Tylenol #3. She has completed 26 visits of PT on the neck and 16 visits of PT on the right shoulder. She had one C5-6 right facet joint injection on 4/2/14 with 40% improvement and another on 6/4/14 with no significant relief. She has failed all conservative treatment including PT, injections, activity modifications, and narcotics. Anterior cervical discectomy fusion at C5-6 and C6-7 was recommended and right shoulder arthroscopic subacromial decompression, distal clavicle excision, bursectomy, rotator cuff repair were recommended. She uses Voltaren gel intermittently which helps with her pain. Diagnoses include cervicgia, stage III impingement of right shoulder with underlying bicipital tendinopathy, right carpal tunnel

release and trigger thumb release. The request for Voltaren Gel 1% #100 with 2 refills was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: Per CA MTUS guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine. In this case, there is no diagnosis of osteoarthritis. There is little to no documentation of any significant improvement in pain level (i.e. VAS (visual analog scale)) or function with prior use. There is no documented failure of oral NSAIDs. In fact the records indicate that the IW (injured worker) is taking oral NSAID twice a day. Therefore, the request is not medically necessary and is non-certified.