

Case Number:	CM14-0180342		
Date Assigned:	11/05/2014	Date of Injury:	03/14/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family 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 worker is a 32 year old male who was injured on 3/14/2012. He was diagnosed with shoulder adhesive capsulitis and history of recurrent left shoulder dislocation. He was treated with surgery (left shoulder), exercises, and oral and topical medications. On 9/23/14, the worker was seen by his primary treating physician complaining of left intermittent shoulder pain relieved by Flector patches. He reported having difficulty getting his Flector patches at the pharmacy. He reported working full time, taking his medications (not listed) only as needed. Physical findings included tenderness of the left acromioclavicular and glenohumeral joint with near normal range of motion, normal strength, and normal sensation. He was then recommended Voltaren gel for superficial pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he was recommended Voltaren gel, presumably to replace the Flector patch for occasional use. However, there was no evidence found in the notes provided for review why the worker required topical NSAIDs over oral forms, such as ibuprofen, which would be reasonable for him to use if it is only as needed. Without a clear explanation for requiring topical forms over oral in this case, the Voltaren gel is not medically necessary and appropriate.