

Case Number:	CM14-0212256		
Date Assigned:	01/02/2015	Date of Injury:	06/07/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review note that this 37-year-old () individual was injured on May 7, 2014. The mechanism of injury is noted to be a repetitive stress type event. There is a progress note dated November 21, 2014 noting right upper extremity and shoulder pain, right shoulder pain is noted to be 6/10. The clinical assessment was a sprain/strain of the shoulder, a couple tunnel syndrome as well as the tenosynovitis of the shoulder. Treatment included a TENS unit and a refill of the pain medications. A home exercise program is also outlined. The injured employee was cleared to return to work on November 21, 2014 with a lifting restriction. The injured employee failed to show for several previous follow-up evaluations. A steroid injection to write acromioclavicular joint was completed in August, 2014. An MRI the right shoulder was obtained on April 1, 2013 noting a tendinosis of the supraspinatus, subscapularis and infraspinatus tendons. The degenerative changes are noted of the acromioclavicular joint. Electrodiagnostic studies reported as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% Sig: Apply bid Disp #1 Tube, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals
Page(s): 111-112.

Decision rationale: Voltaren gel is a topical NSAID indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The arthritis noted is in the acromioclavicular joint. Since this is a superficial structure, it is reasonable to expect similar efficacy. The request is medically necessary.