

Case Number:	CM15-0101816		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2010
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 65 year old female, who sustained an industrial injury on May 20, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right rotator cuff tendinosis, subacromial subdeltoid bursitis, proximal biceps tendinosis, and glenohumeral joint osteoarthritis. Treatment to date has included physical therapy, a biceps tendon steroid injection without relief of pain, and a home exercise program. On April 29, 2015, the injured worker complains of right anterior lateral shoulder pain, which is unchanged from the prior visit. The pain is described as a sharp ache, usually lasts all day, and worsens with excessive use of the right arm. The pain can be rated as high as 10/10. Rest and inactivity decreases the pain slightly. Associated symptoms include occasional tingling in her hands and weakness. The physical exam revealed normal rotator cuff strength, full joint stability, and crepitus with movement at the glenohumeral joint. The treating physician noted the MRI of the right shoulder from April 28, 2015 revealed supraspinatus tendinosis with mild subacromial subdeltoid bursitis, proximal biceps tendinosis, and mild glenohumeral joint osteoarthritis. The treatment plan includes an oral non-steroidal anti-inflammatory medication for one week. The requested treatment is Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67-72.

Decision rationale: Voltaren is a brand name the NSAID diclofenac. Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Although the handwritten notes on the utilization review determination appear to be authored by the injured worker, this type of documentation is not appropriate. Instead, the request physician should document outcome of Voltaren usage, including analgesic efficacy and side effects (if any). This was not found in the submitted records. In the absence of such documentation, the currently requested Voltaren is not medically necessary.