

Case Number:	CM15-0109490		
Date Assigned:	06/22/2015	Date of Injury:	12/17/2012
Decision Date:	07/20/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

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 51 year old female, who sustained an industrial injury on 12/17/2012, resulting from cumulative trauma. The injured worker was diagnosed as having cervical sprain and right shoulder subacromial impingement. Treatment to date has included diagnostics, physical therapy, modified work, and medications. Per the most recent PR2 report (2/27/2015), the injured worker was seen for review of cervical magnetic resonance imaging report. A physical exam was not noted. Pain was not rated and medication use was not noted. The use of Voltaren gel was noted in the PR2 report dated 5/23/2014. A progress report regarding the current recommended Voltaren gel was not noted. An Orthopedic Qualified Medical Re-Evaluation (4/28/2015) noted left shoulder pain due to overcompensation for the injured right shoulder. She also reported pain that radiated from the shoulders to the hands, in addition to low back pain. Medication use included Aleve, Advil, and Ben Gay cream. It was documented that she was working with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% day supply:25 Qty:400: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for bilateral shoulder pain. When seen, medications included over-the-counter Aleve and Advil as needed. There was decreased cervical spine range of motion with muscle spasms. There was diffuse shoulder tenderness and decreased and painful range of motion. Impingement testing was positive. There was decreased left grip strength with poor effort. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral NSAID medication use is referenced with nonscheduled dosing and without evidence of side effects or treatment failure at an appropriate dose. Prescribing a topical NSAID was not medically necessary.