MAXIMUS Federal Services

Case Number:	CM15-0012908		
Date Assigned:	01/30/2015	Date of Injury:	04/05/2012
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male who sustained an industrial injury on 04/05/2012. Diagnoses include right shoulder pain, and internal derangement, cervical sprain, thoracic sprain, lumbar sprain with right lower extremity sciatica, cumulative trauma, separate left shoulder pain, ulnar neuritis, separate cardiovascular claim, status post Myocardial Infarction. Treatment to date has included medications, and physical therapy. A physician progress note dated 01/05/2015 documents the injured worker has shoulder pain rated 5 out of 10 and gets worse with overhead reaching, pushing, and pulling. There is tenderness about the right shoulder; he can abduct 170 degrees with some discomfort. Grip is 5/5, and elbow flexion and extension is 5/5 strength. Treatment requested is for Meds x2 Voltaren Gel #1 Tube.On 01/15/2015 Utilization Review non-certifies the request for x2 Voltaren Gel #1 Tube, cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x2 Voltaren Gel #1 Tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: The applicant is a represented 57-year-old [redacted] employee who has filed a claim for chronic shoulder, neck, mid back, low back pain reportedly associated with an industrial injury of April 5, 2012.In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced an RFA form of January 5, 2015, in its determination. The claims administrator stated that the applicant's primary pain generator was her shoulder. The claims administrator also denied a request for Lyrica, it is incidentally noted. The applicant attorney subsequently appealed. In an IMR application, however, the applicant's attorney seemingly only appealed the denial of Voltaren gel, however. In a January 14, 2015 telephone encounter, the treating provider stated that he was reiterating his request for topical diclofenac. The attending provider stated that the applicant had issues with angina. The attending providers did not state what the primary pain generator was on this particular occasion. On March 13, 2014, the applicant reported ongoing complaints of low back pain. The applicant's primary pain generator was the lumbar spine. Ancillary complaints of cervical and thoracic spine pain were evident. The applicant received trigger point injections. In a physical therapy progress note dated June 20, 2014, the treating therapist noted that the applicant had undergone earlier shoulder surgery in 2010. REFERRAL QUESTIONS: 1. No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren (diclofenac) has not been evaluated for treatment of spine, hip, and/or shoulder pain. Here, the applicant's primary pain generators are, in fact, lumbar spine and shoulder, i.e., body parts for which topical Voltaren has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale for selection, introduction, and/or ongoing usage of this particular agent in the face of tepid-to-unfavorable MTUS position on the same. Therefore, the request was not medically necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 112, Topical Diclofenac/Voltaren section.