

Case Number:	CM15-0013526		
Date Assigned:	02/02/2015	Date of Injury:	04/23/2010
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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 54 year old male with an industrial injury dated April 23, 2010. The injured worker diagnoses include shoulder pain, adhesive capsulitis of shoulder, osteoarthritis of the shoulder, rotator cuff injury and rotator cuff syndrome of the left shoulder. He has been treated with diagnostic studies, radiographic imaging, left shoulder arthroscopy in January 2014, prescribed medications and periodic follow up visits. According to the progress note dated 12/8/14, the treating physician noted the shoulder exam revealed no swelling, tenderness, no crepitus, range of motion was restricted by pain with a significant improvement. Cervical spine revealed bilateral tenderness and lower extremity exam was within normal limits. The treating physician prescribed Voltaren 1% gel 4gm #300gm x 5 refills. Utilization Review determination on January 14, 2015 denied the request for Voltaren 1% gel 4gm #300gm x 5 refills, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 4gm #300gm x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: Regarding the request for Voltaren gel, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Within the documentation available for review, none of the abovementioned criteria have been documented. Additionally, the request for 5 refills is not consistent with the CA MTUS recommendations for short-term use and, unfortunately, there is no provision for modification of the current request. Given all of the above, the requested Voltaren gel is not medically necessary.