

Case Number:	CM15-0112347		
Date Assigned:	06/18/2015	Date of Injury:	10/19/2014
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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, Florida, 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 was a 46 year old female, who sustained an industrial injury, October 19, 2014. The injured worker was a machine operator. The injury occurred when the injured worker slipped on a piece of paper. The injured worker extended the left arm back and all her weight fell on it. The injured worker previously received the following treatments Norco, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which showed left carpal tunnel syndrome, 8 session physical therapy, Norco, cortisone injection, activities modification and working modified duties. The injured worker was diagnosed with adhesive capsulitis of the left shoulder, rotator cuff tendinitis of the left shoulder and left hand paresthesias related to carpal tunnel syndrome. According to progress note of April 9, 2015, the injured worker's chief complaint was left shoulder and left hand pain. The injured worker rated the pain at 7 out of 10. The injured worker reported worsening symptoms since the last visit. The injured worker was taking Norco for pain. The physical exam noted positive Phalen's and Tinel's testing. There was decreased sensation in the median nerve distribution. The treatment plan included a prescription for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% - 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 Page(s): 112 of 127.

Decision rationale: This claimant was injured in 2014. The claimant slipped on a piece of paper. The left arm was hurt. Per the MTUS, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a worker's compensation or any patient. The request is appropriately not medically necessary.