

Case Number:	CM15-0113006		
Date Assigned:	06/19/2015	Date of Injury:	04/10/2013
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 male, with a reported date of injury of 04/10/2013. The diagnoses include open wound of upper arm with tendon involvement, derangement of hand joint, carpal tunnel syndrome, and lumbar radiculopathy. Treatments to date have included a MRI of the right shoulder on 01/15/2015 which showed high-grade partial thickness articular surface tear of the posterior supraspinatus fibers at the level of the footprint insertion, moderate to severe acromioclavicular joint osteoarthritis with resultant impingement of the supraspinatus outlet, and diffuse rotator cuff tendinopathy; an MRI of the cervical spine on 01/15/2015 which showed posterior central disc protrusion at C4-5 and C5-6, mild bilateral neural foraminal narrowing, and loss of the normal cervical lordosis suggestive of muscular spasm; an MRI of the right knee on 02/11/2014; and an MRI of the lumbar spine on 02/11/2014. The progress report dated 04/27/2015 indicates that the injured worker had no significant improvement since the last examination. He used Capsaicin with no relief. The injured worker was prescribed Voltaren gel to allow him to continue to function, while having pain relief. The physical examination showed deformity in the right biceps tendon consistent with distal biceps tendon tear, no tenderness to pressure over the right shoulder joint, muscles, or bony and tendinous structures, decreased right shoulder range of motion, positive right shoulder impingement sign, tender to palpation of the left first metacarpal joint, reduced sensation in the bilateral median nerve distribution, tenderness to palpation of the thoracolumbar paravertebral muscles with spasm, reduced sensation in the bilateral feet in the L5 dermatomal distribution, and decreased lumbar range of motion. The treating physician requested Voltaren gel 1%.

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: 15, Qty: 100, refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of April 2013 nor have they demonstrated any functional efficacy derived from treatment already rendered. There is no oral intolerance documented to support for the topical gel. The Voltaren Gel 1% day, supply: 15, Qty: 100, refills: 00 is not medically necessary and appropriate.