

Case Number:	CM15-0115148		
Date Assigned:	06/23/2015	Date of Injury:	10/02/2013
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40 year old male who sustained a work related injury October 2, 2013. Past history included left rotator cuff tear, fracture left distal radius, left shoulder impingement syndrome, and left arthroscopic surgery October, 2014. According to a primary treating physician's progress report, dated May 20, 2015, the injured worker presented for post-operative visit, two plus months post left wrist scope and collateral ligament repair. There is wrist soreness and swelling after therapy. The right shoulder is painful with extension and abduction. The radial head was fractured on this side, pain occurs only when he moves and elevates it; elevation 150 degrees, otherwise range of motion is full. Assessment is documented as s/p open reduction internal fixation ulnar styloid fracture, left wrist; left shoulder impingement syndrome; right shoulder strain. Treatment plan included physical therapy, medication and at issue, request for authorization for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are fracture left distal radius; impingement syndrome shoulder left; and right shoulder strain. The date of injury was October 2, 2013. According to the pharmacologic print out, Voltaren gel was started June 6, 2014. The most recent progress note in the medical record is dated May 20, 2015 (request for authorization May 26, 2015). The progress note indicates the injured worker had undergone multiple surgeries involving the wrist, radial head, TFCC tear, left wrist tendinitis, fracture ulnar styloid. The injured worker had an open reduction internal fixation right radial head, left ulnar styloid with left shoulder arthroscopy. The documentation does not contain a clinical indication or rationale for the topical analgesic Voltaren gel. Voltaren gel does not appear in the progress note dated May 20, 2015. As a result, there is no documentation demonstrating objective functional improvement with ongoing Voltaren gel. Consequently, absent clinical documentation for the clinical indication and rationale and evidence of objective functional improvement with ongoing Voltaren gel, Voltaren (Diclofenac) gel 1% is not medically necessary.