

Case Number:	CM15-0118369		
Date Assigned:	07/28/2015	Date of Injury:	06/30/2014
Decision Date:	09/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 39-year-old male, who sustained an industrial injury on 06/30/2014. He has reported subsequent low back and right shoulder pain and was diagnosed with lumbar strain, right supraspinatus tendinitis and subacromial bursitis. Treatment to date has included medication, physical therapy, trigger point injections and a home exercise program. In a progress note dated 05/28/2015, the injured worker complained of 7-8/10 low back and right shoulder pain. Objective findings were notable for limited range of motion of the shoulder and lumbar spine, and tenderness to palpation of the right shoulder and lumbar paraspinal muscles with positive Hawkin's and Neer's signs. Work status was noted as being modified with no lifting, pushing or pulling over 5 pounds of force, limited bending and no reaching above the shoulders. A request for authorization of Voltaren 1% #100 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID Page(s): 111-112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the voltaren is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.