

Case Number:	CM15-0120188		
Date Assigned:	06/30/2015	Date of Injury:	04/12/2013
Decision Date:	09/03/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Emergency 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 62 year old female injured worker suffered an industrial injury on 4/12/2013. The diagnoses included left shoulder injury. An MRI demonstrated rotator cuff with subsequent surgery. The injured worker had been treated with physical therapy, home exercise program and medications. On 5/19/2015, the treating provider reported continued to have shoulder discomfort. She had attempted using Bengay without improvement. The treatment plan included Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100g #2 tubes with 1 refill (Rx date: 05/19/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics were recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. For topical NSAID (non-steroidal anti-inflammatory drugs) these

medications may be useful for musculoskeletal pain. Voltaren Gel is FDA approved for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist) and has not been evaluated for treatment of shoulder. The documentation provided indicated it was for shoulder pain. The frequency of application was not included with this request. The IW does not have a diagnosis of osteoarthritis. Therefore, Voltaren Gel was not medically necessary.