MAXIMUS Federal Services

Case Number:	CM15-0126332		
Date Assigned:	07/10/2015	Date of Injury:	03/03/2001
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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, Hawaii
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 36 year old male, who sustained an industrial injury on March, 03, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having impingement syndrome of the right shoulder status post arthroscopic decompression and disorders of the bursae and tendons of the shoulder region unspecified. Treatment and diagnostic studies to date has included medication regimen, above noted procedure, and injections. In a progress note dated May 27, 2015 the treating physician reports complaints of constant, mild pain to the right shoulder. Examination reveals decreased strength to the right shoulder, right subacromial tenderness, and infraspinatus tenderness. The injured worker's medication regimen included Ibuprofen, Oxycodone with Acetaminophen, and Tylenol (Acetaminophen). The treating physician noted that the injured worker has had a decrease in his pain since his last injection, but occasionally uses Percocet for elevated pain. However, the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested the medication Voltaren 1% Topical Gel 100gm with application of 2gm by topical route 4 times a day with 3 refills noting that the injured worker has had exacerbations of symptoms secondary to driving and the treating physician is hopeful that the use of this medication will assist with the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100g, 3 refills, apply 2g by topical route 4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Voltaren 1% topical gel 100g, 3 refills, apply 2g by topical route 4 times daily. The treating physician report dated 5/27/14 (26B) states, "I have suggested simple tear and gel that he can apply locally when the shoulders flared up. He is agreeable to that and so we have called that in for him today." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medical reports provided show the patient has not been prescribed Voltaren gel previously. In this case, the patient presents with impingement syndrome of the right shoulder and the patient has previously been prescribed oral NSAIDs in the forms of ibuprofen and Tylenol. The MTUS guidelines do not support Voltaren topical analgesic for the treatment of the shoulder. Furthermore, 3 refills without documentation of functional improvement is not supported. The current request is not medically necessary.