

Case Number:	CM15-0126558		
Date Assigned:	07/13/2015	Date of Injury:	06/28/2014
Decision Date:	08/06/2015	UR Denial Date:	06/25/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 06/28/2014. He has reported injury to the right shoulder. The diagnoses have included contusion, sprain/strain right shoulder with moderate arthritis, right acromioclavicular joint, and lateral down-sloping of the acromion causing impingement syndrome of the right shoulder. Treatment to date has included medications, diagnostics, injection, physical therapy, and home exercise program. Medications have included Ibuprofen, Norco, and Ultram. A progress note from the treating physician, dated 06/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of aching pain to the right-sided neck and trapezius area, burning in the right shoulder; stabbing pain to the right biceps area; stabbing pain to the right elbow; numbness in the palm of the right hand; the pain level is rated a two out of ten at rest and a six out of ten with activity; he cannot sleep on the right side referable to the right shoulder with pain on compression; and therapy and a cortisone injection gave him a couple of months of fair freedom from pain in the right shoulder. Objective findings included very obvious atrophy of the muscles of the right shoulder from limited use; right shoulder range of motion is limited; on dependency of the right arm, there is a sulcus sign laterally, suggestive of a degree of inferior instability; the neck muscles are mildly tender over the right trapezius; and tenderness is present at the right shoulder, mainly at the rotator cuff. The treatment plan has included Voltaren 1% gel, quantity 1 tube, refills unspecified - apply on right shoulder 2 times daily related to chronic shoulder pain, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, Qty 1 tube, refills unspecified - Apply on Right Shoulder 2 times daily related to chronic shoulder pain, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for right shoulder pain. Treatments have included physical therapy, a shoulder injection, and medications. When seen, Tramadol was being prescribed. There was decreased shoulder strength. He was diagnosed with a rotator cuff strain. Topical Diclofenac was prescribed. Topical non-steroidal anti-inflammatory (NSAID) medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent contraindication to a trial of an oral NSAID or failure of prior NSAID therapy. Prescribing topical Diclofenac was not medically necessary.