

Case Number:	CM15-0160750		
Date Assigned:	08/27/2015	Date of Injury:	04/16/2002
Decision Date:	12/11/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial-work injury on 4-16-02. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain status post right shoulder surgery times 2 and history of Gastroesophageal reflux disease (GERD). Treatment to date has included pain medication Duexis, Lidoderm patch, Lyrica , Ultracet, Zanaflex, Ibuprofen, Omeprazole, Voltaren gel since at least 8-3-15, acupuncture, injections, H-wave therapy, physical therapy with benefit, and other modalities. The physician indicates that she has gastritis from Nonsteroidal anti-inflammatory drugs. The physician also indicates that Tizanidine was not helping and switched to Baclofen. The Baclofen was also not helping and switched back to Zanaflex. Medical records dated (3-18-15 to 8-3-15) indicate that the injured worker complains of persistent right shoulder pain. The physical exam dated (3-18-15 to 8-3-15) reveals right shoulder swelling, biceps tendon tenderness on the right, the range of motion with forward flexion is 180 degrees, and she is mildly restricted on the right side. Per the treating physician report dated 8-3-15 the injured worker has not returned to work. The requested service included Voltaren Gel 1%, #5 tubes for 1 month supply with 3 refills, related to right shoulder pain. The original Utilization review dated 8-11-15 non-certified the request for Voltaren Gel 1%, #5 tubes for 1 month supply with 3 refills, related to right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #5 tubes for 1 month supply with 3 refills, related to right shoulder pain:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the voltaren gel is being used for the shoulder which is not supported. Additionally, despite gastric upset with oral NSAIDs, the injured worker is prescribed oral NSAIDs. It is unclear why oral and topical NSAIDs are being prescribed simultaneously. Furthermore, 5 refills does not allow for close monitoring for efficacy and side effects. The request for Voltaren gel 1%, #5 tubes for 1 month supply with 3 refills, related to right shoulder pain is determined to not be medically necessary.