

Case Number:	CM15-0170873		
Date Assigned:	09/11/2015	Date of Injury:	10/23/2012
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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 50 year old female, who sustained an industrial injury on 10-23-12. The injured worker was diagnosed as having right shoulder impingement. The physical exam (6- 16-15 through 7-16-15) revealed increased pain with right shoulder internal and external rotation, sensory loss in the fourth and fifth fingers and reduced deep tendon reflexes in the right arm. Treatment to date has included an EMG-NCS of the right upper extremity on 2-12-15 showing right brachial plexopathy involving the medial core, a right shoulder surgery on 3-25- 15, post-op occupational therapy, post-op physical therapy and Vicodin. There is no documentation to suggest that the injured worker is unable to tolerate oral medications. As of the PR2 dated 8-18-15, the injured worker reports pain in her right shoulder that increases with internal and external rotation as well as the right shoulder has become loose and has moved forward that has been associated with swelling of the right shoulder. The treating physician noted sensory loss in the fourth and fifth fingers and reduced deep tendon reflexes in the right arm. The treating physician requested for Voltaren 1% gel, day supply: 31: qty: 500 refills: 5. On 8-24-15 the treating physician requested a Utilization Review for Voltaren 1% gel, day supply: 31: qty: 500 refills: 5. The Utilization Review dated 8-25-15, non-certified the request for Voltaren 1% gel, day supply: 31: qty: 500 refills: 5. The physician reviewer cited the CA MTUS chronic pain medical treatment guidelines, pages 111-113, topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% day supply: 31 qty: 500 refills: 05 rx date: 08/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), 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 the case, the injured worker is also being treated with the oral NSAID Mobic. It is unclear why she is in need for an oral NSAID as well as a topical NSAID. The request for Voltaren gel 1% day supply: 31 qty: 500 refills: 05 rx date: 08/24/2015 is determined to not be medically necessary.