

Case Number:	CM15-0020498		
Date Assigned:	02/10/2015	Date of Injury:	10/18/2013
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 60-year-old female with an industrial injury dated October 18, 2013. The injured worker diagnoses include chronic right shoulder impingement syndrome, pretentious nodule of the right hand, and right cervical strain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/20/2015, the injured worker reported chronic pain to her neck, right shoulder and right hand. The treating physician noted tenderness to palpitation of the right acromioclavicular joint (AC) with unrestricted shoulder motion in all planes. Hawkin's, Neer's and Apley's scratch test were all positive. The treating physician's treatment plan consists of prescribed topical medication.

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 30 quantity 100, refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studied for use on spine, hip and shoulder. Voltaren gel for application to shoulder is not medically indicated.