MAXIMUS Federal Services

Case Number:	CM15-0063992		
Date Assigned:	04/09/2015	Date of Injury:	07/27/2012
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: California
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 46 year old female, who sustained an industrial injury on 7/27/2012. She reported injury from a slip and fall, onto the left shoulder. The injured worker was diagnosed as having shoulder surgery, myalgia, myositis and chronic pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/18/2015, the injured worker complains of cervical spine pain and left upper extremity pain. The treating physician is requesting Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, Transdermal, 2 gram, 30 days, 200grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The patient presents with left neck and shoulder pain. The request is for Voltaren Gel 7%, Transdermal, 2 gram, 30 days, 200 grams. The request for authorization is

dated 02/18/15. The patient is status-post left shoulder surgery, 02/05/13. MRI of the cervical spine, 11/2012, shows normal findings. X-ray of the cervical spine, date unspecified, shows straightening of the cervical vertebral column consistent with muscle spasm. Physical examination of the neck reveals trigger points present left rhomboid and upper trapezius. Her residual pain remains in the cervical spine in the midline and extends into the left upper trapezius and rhomboid distribution. Pain levels are worst - 10/10, least - 2/10, usual - 6, and always present but intensity varies. Associated symptoms include subjective weakness in the left shoulder and arm, stiffness in the neck and shoulder, tingling paresthesias. Medications and ice packs help reduce the pain. The pain interferes with sleep, family life and driving. She has trouble falling asleep, staying asleep, and wakes up frequently. She gets left occipital headaches and these are made worse with cervical extension and flexion. Treatments have included medications, physical therapy and left shoulder surgery. Patient's medications include Ibuprofen, Tylenol and Cyclobenzaprine. Patient's work status is not provided.The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Treater does not specifically discuss this medication. In this case, it appears the treater is initiating a trial of Voltaren gel for the patient's symptoms. However, the patient does not present with peripheral joint arthritis/tendinitis or osteoarthritis for which a NSAID lotion would be indicated. The patient has neck and shoulder pain. Therefore, the request is not medically necessary.