

Case Number:	CM15-0064478		
Date Assigned:	04/10/2015	Date of Injury:	07/15/2012
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male injured worker suffered an industrial injury on 07/15/2012. The diagnoses included right shoulder arthroscopy with residual labral tear. The diagnostics included right shoulder magnetic resonance imaging. The injured worker had been treated with medications, arthroscopy, physical therapy and joint injections. On 2/18/2015 the treating provider reported residual right shoulder pain after arthroscopy. The treatment plan included Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 5% - 5 tubes with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain, Diclofenac (topical).

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

Decision rationale: This 33 year old male has complained of right shoulder pain since date of injury 7/15/12. He has been treated with right shoulder arthroscopy, physical therapy and

medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Voltaren gel is not medically necessary.