

Case Number:	CM15-0066464		
Date Assigned:	04/15/2015	Date of Injury:	10/13/2014
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, California
 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:

This is a 24 year old female patient, who sustained an industrial injury on 10/13/2014. Diagnoses include shoulder arthralgia and shoulder adhesive capsulitis. She sustained the injury due to repetitive motions. Per the Orthopedic Progress Report dated 2/19/2015, she had complaints of right shoulder pain. Physical examination revealed reduced range of motion of the right shoulder and medial parascapular tenderness, slight trapezius tenderness and slight proximal bicipital tenderness. The medications list includes relafen, voltaren gel and topical analgesic cream. She has had MR arthrogram of right shoulder on 12/8/2014. She has had physical therapy for this injury. The plan of care included medications and authorization was requested for Voltaren gel 1% and acupuncture (2x4) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Voltaren Gel (diclofenac).

Decision rationale: Voltaren gel 1% #3 tubes. The cited Guidelines regarding topical analgesics state: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. The medical necessity of Voltaren Gel 1% #3 tubes is not medically necessary for this patient at this time.

Outpatient acupuncture 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Outpatient acupuncture 2 times a week for 4 weeks for the right shoulder MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided do not specify any intolerance to pain medications that the patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Outpatient acupuncture 2 times a week for 4 weeks for the right shoulder is not medically necessary in this patient at this time.