

Case Number:	CM15-0071013		
Date Assigned:	04/21/2015	Date of Injury:	03/30/2001
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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, Florida, 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 61 year old female, who sustained an industrial injury on 3/30/01. 3/30/01 reported bilateral shoulder and upper extremity pain. The injured worker was diagnosed as having degenerative joint disease of shoulder, shoulder joint pain and carpal tunnel syndrome. Treatment to date has included pain medications including opioids and topical medications. Currently, the injured worker complains of bilateral shoulder and arm pain, rated 6/10. The injured worker states with medication she is able to function and perform household duties. Physical exam noted tenderness of supraspinatus and glenohumeral joint and decreased range of motion of left shoulder, cervical range of motion is reduced and tenderness is noted in bilateral trapezius muscles. The treatment plan included Cymbalta, Gabapentin and Voltaren gel along with a 3 month follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 4 tubes with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: This claimant was injured 14 years ago and has shoulder and upper extremity pain. The pain is from degenerative disease, and alleged carpal tunnel syndrome. Per the MTUS, Voltaren Gel 1% (diclofenac) is 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. As this person has shoulder pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner. Also, there is no mention of gastrointestinal issues or why topicals vs. oral medicines would be necessary. The request is not medically necessary.