

Case Number:	CM15-0071875		
Date Assigned:	04/22/2015	Date of Injury:	05/22/2013
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 40-year-old female, who sustained an industrial injury on 5/22/2013. She reported developing sharp pain in the right arm, up into the right shoulder and neck, and down through the arm, elbow, wrist and hand after lifting a heavy box. Diagnoses include cervical strain with multilevel disc bulging, right shoulder impingement, right elbow epicondylitis, and right carpal tunnel syndrome. Treatments to date were not included in the documentation submitted for this review. Currently, she complained of pain in the neck, right shoulder and arm associated with numbness and tingling in the right hand. On 10/14/14, the physical examination documented cervical muscle spasm and tenderness with a positive compression test. There was a positive Hawkins test on the right shoulder with signs of impingement, as well as positive findings to the wrist and elbow. The plan of care included physical therapy, acupuncture and a consultation from specialists to evaluate the right shoulder and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 Gram x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It 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. Voltaren gel is recommended for treatment of arthritis. Documentation in the medical record does not support the diagnosis of osteoarthritis. Voltaren gel is not indicated. The request is not medically necessary and should not be authorized.