MAXIMUS Federal Services

Case Number:	CM15-0073998		
Date Assigned:	04/24/2015	Date of Injury:	06/26/2014
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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 Jersey
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:

The injured worker is a(n) 41-year-old female, who sustained an industrial injury on 6/26/14. She reported right arm and shoulder pain due to repetitive reaching. The injured worker was diagnosed as having bilateral shoulder tendonitis and shoulder impingement. Treatment to date has included physical therapy, a left shoulder MRI and pain medications. As of the PR2 dated 3/31/15, the injured worker reports persistent problems in both shoulders. She reported 10/10 episode of pain on 3/19/15 that lasted for several days. The treating physician noted that Tylenol and Ultram have been controlling the injured worker's symptoms. The treating physician also noted positive impingement signs in both shoulders. The treating physician requested Voltaren 1% gel #1 and Ultram 50mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel Qty: 1 bottle, apply (2G) by topical route 4 times every day to affected area, no refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 02/23/2015.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, due to the intolerance or contraindication of taking oral NSAIDs due to her history of gastric bypass, it is reasonable to suggest at least a trial of Voltaren gel. There was no other significant reason to not approve this request, based on the documentation provided for review, and therefore, will be considered medically necessary at this time.