

Case Number:	CM15-0079620		
Date Assigned:	04/30/2015	Date of Injury:	02/06/2015
Decision Date:	06/03/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/27/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old female, who sustained an industrial injury on February 6, 2015. She reported left shoulder, mid back, low back, and bilateral hip condition attributed to work related continuous trauma injury. The injured worker was diagnosed as having cervical/trapezius musculoligamentous sprain/strain, left shoulder impingement/periscapular strain, right wrist sprain, thoracic spine myofascial strain, lumbar spine musculoligamentous sprain/strain with attendant left lower extremity radiculitis and associated left sacroiliac joint sprain, coccygodynia, bilateral hip greater trochanteric bursitis, headaches, and overall body pain. Treatment to date has included x-rays and medication. Currently, the injured worker complains of neck pain, left shoulder pain, right wrist pain, mid back pain, low back pain, bilateral hip pain, and overall four body quadrant pain as well as headaches. The Doctor's First Report of Occupational Injury or Illness dated March 11, 2015, noted the cervical spine with tenderness to palpation with muscle guarding/hypertonicity over the suboccipital region, paraspinal musculature, and upper trapezius muscles. The thoracic spine was noted to have tenderness to palpation with muscle guarding/hypertonicity over the interscapular muscles and paraspinal musculature, with the lumbar spine showing tenderness to palpation with muscle guarding/hypertonicity over the lumbar paraspinal musculature extending over the lumbosacral junction, left sciatic notch region, and left sacroiliac joint. The left shoulder examination was noted to show tenderness to palpation with muscle guarding was present over the subacromial region extending over the anterior capsule, acromioclavicular joint, and periscapular

musculature. The treatment plan was noted to include requests for authorization for chiropractic therapy, a neurological consultation, a rheumatologic consultation, and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 100g: Upheld

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

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

Decision rationale: MTUS specifically states for Voltaren Gel 1% (diclofenac) that it "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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints mentioned in the guidelines. There is, in the available record, a reference to wrist pain but that is described as a sprain and not osteoarthritis. Additionally, the records indicate that the treatment area would be shoulder and back for which there is no evidence based appropriate indication. As such, the request for Voltaren gel 1% 100g is not medically necessary.