

Case Number:	CM15-0090043		
Date Assigned:	05/14/2015	Date of Injury:	04/23/2013
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female, who sustained an industrial injury on 4/23/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder impingement, left knee internal derangement and right reflex sympathetic dystrophy. There is no record of a recent diagnostic study. Treatment to date has included left knee steroid injection which provided improvement. Documentation states the injured worker cannot tolerate oral medications. In a progress note dated 4/16/2015, the injured worker complains of continued left knee pain and right shoulder/hand pain. The treating physician is requesting Voltaren gel 1% #100 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% gel #100 with 2 refills: Overturned

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

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

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for shoulder and knee pain including a diagnosis of CRPS. When seen, she was having ongoing knee and shoulder pain. She is reported as unable to tolerate oral medications. Physical examination findings included shoulder and knee tenderness with positive shoulder impingement testing and positive knee McMurray testing. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the shoulder amenable to topical treatment and knee and is intolerant of oral medications. Therefore, the request was medically necessary.