

Case Number:	CM15-0098343		
Date Assigned:	06/03/2015	Date of Injury:	11/09/2011
Decision Date:	07/02/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/21/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old, male who sustained a work related injury on 11/9/11. He caught a falling door weighing 100 pounds with his right hand. The jolt caused an onset of right shoulder pain. The diagnoses have included right shoulder pain and disorders of right shoulder bursae and tendon. Treatments have included right shoulder surgeries, home exercise program, TENS unit therapy, oral medications and Voltaren gel. In the PR-2 dated 5/8/15, the injured worker complains of right shoulder pain. He rates his pain level a 6/10 with medications and 10/10 without medications. He states medications are working well. He is able to work full time with weight/lifting instructions. He has limited range of motion in right shoulder. He has positive Hawkins, Speeds and Yergason's tests. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are shoulder pain; and unspecified disorders of shoulder bursa and tendon and shoulder region. The date of injury is November 9, 2011. The earliest progress note with Naproxen 550 mg is dated November 19, 2014. The most recent progress note is dated May 8, 2015 (request for authorization May 13, 2015). Subjectively, pain was 6/10 to the right shoulder. There is no documentation demonstrating objective functional improvement with ongoing Naproxen (after 6 months). Additionally, anti-inflammatories are recommended at the lowest dose for the shortest period. There was no attempt at weaning Naproxen. Consequently, absent clinical documentation with objective functional improvement and no attempt at weaning, Naproxen 550mg #60 is not medically necessary.

Voltaren gel 1% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% with 3 refills one gel tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is Diclofenac. However, Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are shoulder pain; and unspecified disorders of shoulder bursa and tendon and shoulder region. The date of injury is November 9, 2011. Voltaren gel first appears in a progress note dated January 16, 2015. Subjectively, according to a May 8, 2015 progress note, the injured worker has ongoing right shoulder pain. Voltaren (Diclofenac) gel has not been evaluated for the spine and hip and shoulder. Additionally, there is no documentation demonstrating objective functional improvement with Diclofenac gel from January 16, 2015 through May 8, 2015. Consequently, absent guideline recommendations for application of Diclofenac gel to the shoulder, Voltaren (Diclofenac) gel 1% with 3 refills is not medically necessary.