



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 8/1/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The use of Voltaren 1% gel.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Anesthesiologist and Pain Medicine Physician

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 7/12/2013,
2. Notice of assignment to URA 7/9/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 7/12/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 7/11/2013

Letter to IRO from attorney office 7/17/2013, letter to physician from insurance plan 6/26/2013, medical documents 6/11/2013, adverse determination notice from insurance plan 6/4/2013, medical documents, 5/14/2013, copy of prescription 5/14/2013, report of medical evaluation 2/4/2013, workers compensation work status report 2/4/2013, medical documents from anesthesiology facility 2/4/2013.

PATIENT CLINICAL HISTORY:

A male who sustained a work-related injury on xx/xx/xx, involving the right upper extremity. Three days post injury, patient was evaluated and diagnosed with left wrist sprain and provided an NSAID. Notes indicated that claimant's left shoulder pain became an issue on October 2, 2012.



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



Subsequent to the injuries, the claimant obtained conservative treatment consisting of physical therapy and medication management. Due to persistence of pain in left shoulder, the claimant underwent an MRI on November 2, 2012, which revealed mild tendinosis of the supraspinatus tendon without detectable rotator cuff tear, minimal edema reflecting either degenerative changes or possible grade I separation, mild superior translation at the humeral head relative to the glenoid fossa, and no labral tears.

The patient was followed up with orthopedic surgeon, on November 8, and he underwent subacromial back/glenohumeral steroid injections into the left shoulder.

Reports indicate that the injections and, as well, oral steroid medication, alleviated claimant's symptoms.

A designated adjunctive evaluation performed on February 4, 2013, diagnosed the claimant with left shoulder and wrist pain with suspected complex regional pain syndrome, left upper extremity. Further workup recommended. Therefore, anticipated maximum medical improvement date was placed at June 15, 2013.

The last progress note submitted by this claimant's pain management physician, dated June 11, 2013, indicated constant burning-type pain, left shoulder, and left hand pain, resolved with injection and exacerbated with movement. Cymbalta medication provided. Sleep deprivation secondary to chronic pain. Therapy aggravates claimant's pain. The physician's assessment is that this claimant has mixed pain syndrome with increased neuropathic component, left shoulder.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

After review of the information submitted, the previous denial for Voltaren 1% gel has been upheld. Voltaren gel (diclofenac gel) is a topical NSAID analgesic used to treat joint pain in the hands, wrists, elbows, knees, ankles, or feet caused by osteoarthritis. This medication may not be effective in treating arthritis pain elsewhere in the body. There is no indication this claimant is suffering from any type of osteoarthritis issue as related to his left shoulder pain complaints.

Furthermore, additional notes indicate a neuropathic component to claimant's pain either from a peripheral nerve or sympathetic-mediated-type pain, of which the medical necessity for the use of this medication has not been established.

The *Official Disability Guidelines*, under pain section, state that Voltaren get 1% (diclofenac) 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 the treatment of spine, hip, or shoulder.

The denial of these services is upheld.



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)