

<b>Case Number:</b>	CM13-0018750		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	08/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old female who was injured on 11/04/2012. The patient was involved in automobile accident and sustained an injury to her cervical spine. The prior treatment history has included cervical epidural blocks, cortisone injections, and acupuncture which was discontinued because she could not tolerate it due to the pain. On 02/04/2011, the medications included: Hydrocodone, Diclofenac, Carisoprodol, and Omeprazole. On 02/15/2013, the medications included: Buspar, Prosom, and Prozac. The Qualified Medical Exam (QME) report, dated 06/21/2012, indicated that the patient was complaining of sharp pains involving the paracervical muscle of the neck, numbness in the right and left upper extremity, and pain that would radiate from the neck to her shoulder and down her upper extremities. The objective findings on exam revealed right and left paracervical muscle tenderness, as well as posterior cervical muscle tenderness, decreased range of motion in the cervical spine, and decreased sensation along the C6, C7 nerve roots in the right and left upper extremity. The re-evaluation report, dated 11/21/2012 documented the patient to have complaints of ongoing symptoms along with anxiety attacks. The patient was recommended to have an examination and treatment with a psychologist for her anxiety and depression. She received a change in medication from Voltaren to Voltaren Cream, to see if that helps better control the patient's symptoms. The Psychologist Final Determination Letter for IMR Case Number CM13-0018750 3 Initial Report, dated 02/05/2013 indicated that due to persistent pain, the patient developed symptoms of depression. She had difficulty sleeping at night due to her pain. Her cognitive functioning has diminished. The re-evaluation report, dated 07/11/2013 indicated that the patient was still managing and Voltaren gel is helping to keep her symptoms under control. The last blood test in February showed normal liver and kidney function. The patient's prescription of Voltaren gel was renewed and a repeat blood test was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO; VOLTAREN GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). This topical analgesic is not indicated for treatment of the joints of the spine. There are no long-term studies of effectiveness or safety. Use is recommended short-term for four to twelve (4-12) weeks. Furthermore, the medical records do not establish failure of the patient to respond to standard oral medications such as anticonvulsants or antidepressants for neuropathic pain. Voltaren gel retrospective is non-certified.

**VOLTAREN GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines further state that there is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip or shoulder. Studies indicate that in treatment of osteoarthritic pain, topical NSAIDs have not been shown to be effective after the first two (2) weeks of use. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There are no long-term studies of effectiveness or safety. Use is recommended short-term for four to twelve Final Determination Letter for IMR Case Number CM13-0018750 4 (4-12) weeks. Furthermore, the medical records do not establish failure of the patient to respond to standard oral medications such as anticonvulsants or antidepressants for neuropathic pain. Continued use of this topical medication is not supported. Voltaren gel is non-certified.

**RETRO, BLOOD TEST FOR LIVER AND KIDNEY FUNCTION (2/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, Peer-Reviewed Non-Commercial Patient Centered, A Public Resource On Clinical Lab Testing From The Laboratory Professionals Who Do The Testing, Last Updated 02/18/2012 ([Http://Labtestsonline.Org/Understanding/Analytes/Comp](http://Labtestsonline.Org/Understanding/Analytes/Comp)), Comprehensive Metaboli

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation COMPREHENSIVE METABOLIC PANEL ([http://www.emedicinehealth.com/comprehensive\\_metabolic\\_panel-health/article\\_em.htm](http://www.emedicinehealth.com/comprehensive_metabolic_panel-health/article_em.htm)).

**Decision rationale:** According to the medical literature, a comprehensive metabolic panel is a blood test that measures the sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function. These lab tests may be ordered as part of regular health examination, to assess a medical condition, such as hypertension or diabetes, or monitor patients on certain medications for possible liver or kidney related side effects. No rationale is provided for ordering this test. The patient does not appear to be taking oral non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, or other drugs that would put her at risk for kidney or liver damage. There are no documented signs or symptoms to suggest organ damage. Medical necessity has not been established. The retrospective request for liver and kidney function tests are non-certified.

**BLOOD TEST FOR LIVER AND KIDNEY FUNCTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, Peer-Reviewed Non-Commercial Patient Centered, A Public Resource On Clinical Lab Testing From The Laboratory Professionals Who Do The Testing, Last Updated 02/18/2012 ([Http://Labtestsonline.Org/Understanding/Analytes/Comp](http://Labtestsonline.Org/Understanding/Analytes/Comp)), Comprehensive Metaboli

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