

Case Number:	CM13-0039561		
Date Assigned:	06/25/2014	Date of Injury:	06/08/1999
Decision Date:	08/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 63-year-old woman who sustained a work-related injury on June 8, 1999. Subsequently, she developed back, neck, and left shoulder pain. According to a note dated on April 8, 2014 the patient describes the pain as deep, numbness, and stabbing. Symptoms are aggravated by bending, extension, lifting, lying/rest, and pushing. Her physical examination is within the limit. The patient's diagnosis included: cervical radiculopathy, headache, rotator cuff sprain, radiculopathy thoracic or lumbosacral, depression, disorders of bursae and tendons in shoulder region, and spinal stenosis in cervical region. Her treatment included: physical therapy and medications (Zolpidem Tartrate, Sertraline Hcl, Zofran ODT, Hydrocodone/acetaminophen, Floricet with Codeine, Maxalt Mlt, Prevacid, Lidoderm, and Voltaren). The provider requested authorization to use Voltaren Gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Voltaren Gel 1% #500 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines (ODG), Treatment In Workers Compensation, 2013 web-based edition.
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there is no documentation of failure or intolerance of non-steroidal anti-inflammatory drugs (NSAIDs) or other oral first line medications for the treatment of pain. Therefore, the prospective request for Voltaren gel 1% is not medically necessary.