

Case Number:	CM13-0056499		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2004
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 60-year-old female who reported an injury on 02/25/2004. The mechanism of injury was cumulative trauma. The injured worker's medications included topical NSAIDs as of 02/2013. The documentation of 08/05/2013 revealed the injured worker was utilizing Flector and had a history of Pennsaid, which was ineffective. Diagnoses included bilateral cubital tunnel syndrome and ongoing weakness with noticeable atrophy with pain and dysesthesias. It was indicated the injured worker was fairly functional and used modest amounts of medications. The plan was samples of Lyrica, Pennsaid, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID (TOPICAL DICLOFENAC): 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.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2- week period. California MTUS Guidelines further indicate that the use of NSAIDs are for patients with osteoarthritis and are recommended for short-term use, 4 to 12 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing topical NSAIDs since 02/2013 and had indicated that Pennsaid had not worked. There was lack of documentation indicating a necessity for trial of the medication a second time. There was a lack of documentation indicating the topical NSAID assisted with the injured worker's pain. There was lack of documentation of the quantity, strength, and frequency per the submitted request. There was lack of documentation indicating the necessity for 2 diclofenac products. Given the above, the request for Pennsaid topical diclofenac is not medically necessary.

VOLTAREN GEL (TOPICAL DICLOFENAC): Upheld

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

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

Decision rationale: California MTUS states Voltaren[®] Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). California MTUS Guidelines further indicate that the use of NSAIDs are for injured workers with osteoarthritis and are recommended for short-term use, 4 to 12 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing topical NSAIDs since 02/2013. There was lack of documentation of the efficacy of the requested medication and the objective functional benefit received from the medication. There was a lack of documentation indicating the topical NSAID assisted with the injured worker's pain. There was lack of documentation of the quantity, strength, and frequency per the submitted request. There was lack of documentation indicating the necessity for 2 diclofenac products. Given the above, the request for Voltaren gel topical diclofenac is not medically necessary.