

Case Number:	CM13-0056625		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2002
Decision Date:	05/22/2014	UR Denial Date:	11/08/2013
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 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 an employee of [REDACTED] and has submitted a claim for neck and low back pain radiating to the left leg, with an industrial injury date of April 14, 2002. Treatment to date has included physical therapy, acupuncture, steroid injection to the left sacroiliac joint (March 2009) and to the left subacromial bursa injection in the left shoulder and left acromioclavicular joint (March 2007) and medications which include Lyrica 50mg which was discontinued due to water retention, Norco 10/325mg, MS Contin, Anaprox. Utilization review from November 8, 2013 denied the request for Voltaren Gel QID 2gms to affected, 100gms tubes #3 90862 because it has not been evaluated for treatment pain in the neck, shoulder and low back and spasm. Medical records from 2012 to 2013 were reviewed, the latest of which dated October 30, 2013 which revealed that the patient continues to have constant pain in the neck and lower back radiating to the left leg. The pain is aggravated by bending forward, lying down, kneeling, and prolonged standing/sitting/walking. VAS was 9/10 without medications and 6-7/10 with medications. She continues to experience pain to her right ankle with intermittent swelling. The patient states that she can walk 1-2 blocks before having to stop because of pain. Functional limitation due to pain during the past month includes avoiding socializing with friends, physical exercising, performing household chores, participating in recreation, doing yard-work or shopping, and having sexual relations. She reported anxiety and fear of movement related to her chronic pain. On examination of the cervical spine, there is limitation in range of motion with forward flexion, extension, cervical rotation and side-bending. There is tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula and rhomboid musculature. On examination of the lumbar spine, there is guarding, and flexion, rotation and side bending is limited. There is tenderness over the left sided lumbar paraspinal muscles with spasms. There is noted atrophy in her right calf. There is diminished sensation in the right L4 and

L5 and left L5 and S1 dermatomes of the lower extremities. Reflexes are at ++ in the lower extremities except the left patellar reflex which is at +. There is tenderness to palpation over the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL QID 2GMS TO AFFECTED, 100GMS TUBES #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: According to pages 111-112 of the Chronic Pain Medical Treatment Guidelines, chapter on Topical Analgesics, Voltaren Gel 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 treatment of the spine, hip or shoulder. In this case, Voltaren Gel has been prescribed since November 2012 for pain in the neck, shoulder and low back and spasm. Although the dose of 2gm to affected area is within the recommended (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), the indication for this medication is not supported by the guideline - neck, shoulder, and low back application, therefore the request for Voltaren Gel QID 2gms to affected, 100gms tubes #3 is not medically necessary.