

Case Number:	CM13-0060826		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2005
Decision Date:	06/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, Internal 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 49 year old male injured on 04/07/05 when he was involved in an auto versus pedestrian accident. The patient sustained neck and back injuries and underwent a cervical fusion at C6-7 in 2006. The patient continued to have symptoms of neck pain, headaches, and discomfort in his left shoulder. The patient subsequently underwent lumbar fusion at L4-5 and L5-S1 with postoperative discomfort, numbness, tingling, and burning sensation in his feet, left greater than right. The clinical note dated 10/24/13 indicates the patient's complaints as chronic neck pain and left shoulder pain with recent physical therapy 2 x a week with noted improvement. Documentation indicates the patient notes benefit from current pain medication regimen which consists of Tramadol ER 100mg, Tramadol 50mg, Lyrica 75mg TID, Cymbalta 60mg Q day, Voltaren gel, Amlodipine, and Atenolol. The patient reports pain level at 10/10 without medication and 7/10 with medication. The disputed issue is a request for Voltaren gel, which was denied in a utilization review determination with the stated rationale that there is little evidence to support use of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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). It has not been evaluated for treatment of the spine, hip or shoulder. The patient complains of pain to the neck and back. Therefore Voltaren Gel cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.