

Case Number:	CM13-0062676		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2006
Decision Date:	05/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 73-year-old female who reported an injury on 08/07/2006. The mechanism of injury reported occurred in the course of her usual work duties. The clinical note dated 11/01/2013, the injured worker presented with complaints of neck pain that radiates to the left upper extremity. The injured worker also complains of left shoulder pain. The pain level is noted to be unchanged with the level of 6/10 with medications and a level of 10/10 without medications. The injured worker reports activities of daily limitations in self care and hygiene, hand function, and sleep. Diagnoses provided for the injured worker are cervical radiculitis, cervical radiculopathy, cervical disc degeneration, myalgia/myositis, osteoarthritis, left shoulder pain, right knee pain, medication related dyspepsia, and status post left shoulder surgery, treated under FMC. The clinical note objective findings stated the injured worker appeared to be in moderate distress. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-7 level. Cervical myofascial tenderness and paraspinous muscle spasms were noted upon palpation. The treatment plan per the physician's documentation on the clinical note for 11/01/2013 are as follows: the injured worker had completed acupuncture therapy and reports improved pain control and function improvement; the injured worker is to follow-up in the office for a 2 month re-evaluation; medications to be refilled, Voltaren gel 1% apply 1 to 4 grams to area as directed for 30 days, Butrans patch apply 1 as directed change every 7 days for 30 days, Tizanidine HCL 2 mg tablets 1 by mouth once a day for 30 days, Norco 10/325 tablets take 1 by mouth every 8 hours for pain for 30 days, Neurontin 100 mg capsules take 1 by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL # 400MG: Upheld

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

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

Decision rationale: The request for the Voltaren gel 1% #400 mg is non-certified. California MTUS states Voltaren gel 1% is an FDA approved agent indicated for the relief of osteoarthritis and pain in joints that lends themselves to topical treatments for the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for the treatment of the spine, hip, or shoulder. Maximum dose should not exceed 32 grams per day. The documentation provided for review noted the injured worker complained of shoulder pain with limited range of motion. The guidelines state that Voltaren gel has not been evaluated for the treatment of spine, hip, or shoulders. Therefore, the request is non-certified.