MAXIMUS Federal Services

Case Number:	CM14-0000017		
Date Assigned:	01/10/2014	Date of Injury:	05/04/1995
Decision Date:	07/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 75-year-old female who was injured on 05/04/1995. The mechanism of injury is unknown. The prior treatment history has included the following medications: Flexeril, Lopressor, Zestril, Zestoretic, Norvasc, and Glu-Control. A progress report (PR-2) dated 11/13/2013 documented the patient with complaints of persistent neck and left shoulder pain. She has numbness and tingling in her hands. She continues to drop things. She has used a topical cream previously which has helped her. The objective findings on exam reveal there is cervical paraspinal muscle tenderness and bilateral trapezius muscle tenderness. There is tenderness about the insertion of the paraspinal muscles at the occiput. Range of motion is restricted. The patient is able to flex her neck to a point where her chin is within one fingerbreadth of her chest. On examination of the left shoulder, the range of motion is restricted. The impingement maneuver is positive. Active abduction is 15 degrees bilaterally. The diagnoses include: Cervical strain, bilateral shoulder strain, and bilateral carpal tunnel syndrome. The discussion include: Voltaren cream 100 gm to apply three (3) times a day. The utilization review (UR) report dated 12/13/2013 did not certify the request for Voltaren Gel as it is indicated for relief of osteoarthritis pain in joints (ankle, elbow, foot, hand, knee and wrist) and has not been evaluated for treatment of the spine, hip or shoulder. There is no evidence that the patient's complaints are osteoarthritic in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN CREAM 100GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines recommend topical non-steroidal anti-inflammatory drug (NSAID) therapy for osteoarthritis of the knee/elbow or other joints that are amenable to topical treatment. The guidelines state that there is little evidence to use topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. It is not recommended for use in neuropathic pain. The clinical documents state the patient has neck/shoulder pain with possible radiculopathy. The documents do not establish that the patient has osteoarthritis (OA) of a joint, such as the knee or elbow. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.