

Case Number:	CM14-0001221		
Date Assigned:	01/22/2014	Date of Injury:	12/13/1999
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 & Rehabilitation 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 injured worker is a 64-year-old female who reported an injury on 12/13/1999. The mechanism of injury was not provided. The clinical note dated 12/11/2013 noted the injured worker presented with complaints of right shoulder, low back, and neck pain. Upon examination of the cervical spine, the range of motion values included 35 degrees of extension, 40 degrees of flexion, and 70 degrees of right and left rotation. The thoracic spine and lumbar spine showed tenderness in the paraspinal muscles and the range of motion values included 70 degrees of flexion, 10 degrees of extension, and 20 degrees of bilateral bending. Motor strength was 5/5 in the upper extremities and lower extremities. The right shoulder revealed tenderness anteriorly and laterally with flexion and abduction to 160 degrees and internal and external rotation to 80 degrees. The diagnoses were right shoulder signs and symptoms with slight degenerative changes, chronic low back pain with degenerative disc disease, and chronic pain with degenerative disc disease. Previous treatment included home exercise program and use of medications. The treatment plan included Norco, Lexapro, and the provider recommended Voltaren gel 2 gm. The provider's rationale was not included within the medical records. The request for authorization form was dated 1/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 2GM #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: The request for Voltaren gel 2 gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; recommended for short-term use, 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The provided documentation lacked evidence that the injured worker has a diagnosis that would be congruent with the guideline recommendations for topical NSAIDs. The provider's request did not include the site at which the gel was to be applied and the frequency. As such, the request is not medically necessary.