

Case Number:	CM14-0109865		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2011
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55 year old woman who sustained a work-related injury on may first 2011. Subsequently she underwent the a total hip replacement, a shoulder surgery, femoral repair and lumbar epidural injection. She was treated with Ultracet and was brought into since at least 2012. According to the progress report dated on June 2014, the patient continued to complain of pain with a severity score at 7/10 with mild improvement with Ultram. The provider reported that the patient developed GI upset with Ultracet. The patient physical examination demonstrated a right shoulder pain with reduced range of motion, lumbar tenderness with reduced range of motion and an antalgic gait with hip pain. The provider requested authorization to use Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS; Topical Analgesics Page(s): 107; 111.

Decision rationale: Voltaren is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren Gel could be used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for more than 4 weeks. There is no documentation that the patient oral NSAD. Therefore request for Voltaren Gel (diclofenac sodium topical gel) 1% is not medically necessary.