

Case Number:	CM14-0019214		
Date Assigned:	04/21/2014	Date of Injury:	02/22/2008
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in 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 53-year-old female who reported an injury of unknown mechanism on 02/22/2008. In the clinical note dated 01/30/2014, the injured worker complained of neck pain that radiated to her back and shoulders. She rated her neck pain as 6/10. She also complained of bilateral shoulder pain and rated the pain at 6-7/10 with pain being made better with rest, H-wave, and medication. The physical examination revealed negative Tinel's and Phalen's tests and normal shoulder range of motion. The treatment plan included medications of Lidoderm patch 12h/day #30, Voltaren gel 1% three times a day #100gm (the injured worker was unable to tolerate oral anti-inflammatories because of stomach upset and she had a trial of Voltaren with 70% relief), Celebrex 200mg per day #30, Norco 10/325 one per day #15 and amitriptyline 10-20mg at night. The treatment plan also included home exercises and testing for H.Pylori with primary medical doctor. The work status was documented as returning to full duty with no limitations or restriction. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS guidelines state that Voltaren gel 1% is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel 1% 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 clinical notes lacked documentation of failure of antidepressants and anticonvulsants. Also, the guidelines do not recommend the use of Voltaren gel 1% on the shoulder. In the clinical notes, it is unclear where the usage of Voltaren gel 1% was applied. In addition, the request does not include the quantity of the proposed gel. Therefore, the request for Voltaren gel 1 % is not medically necessary.