

Case Number:	CM14-0110793		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2010
Decision Date:	09/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Management and is licensed to practice in Tennessee. 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 54-year-old female who has submitted a claim for neck pain due to myofascial syndrome with trigger points in the right trapezius and right cervical paraspinals and referred pain in the right arm responded to trigger point injections in the past is currently responding to Tylenol No. 3 and Voltaren gel, right medial lateral epicondylitis, bilateral shoulder impingement right greater than left, right thumb CMC joint arthritis, and ring finger PIP joint inflammation of the right hand associated with an industrial injury date of February 5, 2010. Medical records from 2013-2014 were reviewed. The patient complained of right hand, arm and shoulder pain, rated 8/10 in severity. There were noted spasms in the neck, right shoulder and right hand as well as in the lower back. There was numbness and tingling in the right hand which mostly occurs in the morning. There was weaker grip and grasp with weakness in both arms, right worse than the left. Physical examination showed right upper extremity limitation in range of motion due to pain and stiffness. Crepitation was noted. MRI of the right and left shoulder dated June 15, 2012 revealed small fluid collection in the acromioclavicular joint. Treatment to date has included Flexeril, Tylenol No. 3, Norco, TENS unit, bracing, hot and cold, and activity modification. Utilization review, dated July 11, 2014, denied the request for Voltaren gel 1% 100g, per 6/30/14 form qty: 3.00 because there was no documentation of objective functional benefit with prior use and no failed trials of first-line treatment of oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 grams QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: According to page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, the patient was prescribed Voltaren gel since at least December 2013. Voltaren was prescribed in conjunction with oral pain medications and stated that she needs topical measures for pain during the day at work. However, the use of Voltaren is not in accordance with guideline recommendations as there is little evidence for its use for shoulder pain. The medical records also failed to provide evidence of osteoarthritis, which may warrant the use of Voltaren gel. Furthermore, there was no mention of failed treatment with oral NSAIDs. The medical necessity was not established. Therefore, the request for Voltaren gel 1% 100 grams QTY: 3 is not medically necessary.