

Case Number:	CM14-0111443		
Date Assigned:	08/01/2014	Date of Injury:	10/07/2010
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiologist and 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 on 10/07/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 06/27/2014 indicated diagnoses of neck pain, spinal stenosis, radiculitis, myalgia and myositis unspecified, and spondylosis. The injured worker reported constant pain in the neck, shoulders, and bilateral arms. The injured worker reported she was wearing a brace on her left hand and that was causing her increased discomfort. The injured worker reported that she had swelling in the hands and it felt as if she had no circulation. The injured worker reported her medications were not working either. On physical examination, range of motion was full in all planes except decreased to the left rotation of the cervical spine. There was tenderness to palpation to the left cervical paraspinals, the left trapezius, and the left rhomboid. The injured worker had positive facet loading bilaterally for left sided neck pain. The injured worker's scapulothoracic rhythm was abnormal on the left. The injured worker's bilateral hands were cool to touch and her sensation was decreased at the L C8 distribution. The injured worker's treatment plan included interlaminar epidural steroid injection x 3 under fluoroscopy at C7-T1, Neurontin discontinued due to lack of efficacy, Lyrica discontinued due to lack of efficacy, Voltaren gel to bilateral hands, Cymbalta refill, Celebrex refill, and a followup appointment. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Celebrex and Cymbalta. The provider submitted a request for Voltaren gel. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren Gel 1% to bilateral hands qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal antiinflammatory agents Page(s): 111-112 of 127.

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

Decision rationale: The request for Topical Voltaren Gel 1% to bilateral hands qid is non-certified. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also indicate any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Recommended for short-term use (4 to 12 weeks). It was not indicated whether the injured worker has tried and failed antidepressants and anticonvulsants. However, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis. In addition, the request did not indicate a quantity or dosage for this medication. Therefore, the request is non-certified.