

Case Number:	CM14-0152043		
Date Assigned:	09/22/2014	Date of Injury:	01/27/1995
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 years old male with an injury date on 01/27/1995. Based on the 08/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Diabetes mellitus type 2.2. Status post CVA in 1995 with MRI evidence of remote cerebellar infarct with possible slow flow in the left vertebral artery noted on the MRI scan of June 21, 20123. Chronic headaches unresponsive to Fioricet, Midrin, Tylenol, Ultracet, or Triptans. Previously, he had good relief of his headaches with Lorcet, which has been denied for over a year now. It is quite clear that patient does not have "round headaches" and therefore, by definition these headaches cannot be opiate rebound headaches. The last time the patient had opiates was two years ago, 08/20124. Chronic bilateral shoulder pain.5. Chronic bilateral hip pain.6. Status post myocardial infarction with angioplasty and persistent angina, followed by [REDACTED], his cardiologist.7. Gastrointestinal symptoms, status post long term NSAID use, currently just taking the Cimetidine and Aciphex. He takes low dose aspirin for his cardiac disease.8. Chronic memory loss.9. Tinnitus related to long term high dose Aspirin ingestion and/or age related changes.10. Diplopia, secondary to his stroke from 1995His other conditions that are present include.1. History of lipid abnormalities.2. Bilateral TMJ syndrome in the past.3. Chronic sexual dysfunction.4. Status post falling off ladder in 11/2010 without sequella.5. Right eye retinal detachment (nonindustrial) 6. Psoriasis7. Psoriatic arthritisAccording to this report, the patient complains of severe daily headaches, bilateral shoulder and hip pain. Range of motion of the right shoulder is limited. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/25/2005 to 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 2gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications Page(s): (MTUS 60, 61).

Decision rationale: According to the 08/19/2014 report by [REDACTED] this injured worker presents with severe daily headaches, bilateral shoulder and hip pain. The treating physician is requesting Voltaren gel 2gm. Regarding Voltaren gel, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (diclofenac): 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." In this case, the treater lists psoriatic arthritis as one of the diagnosis. However, there is no discussion as to how the injured worker is suffering from this diagnosis; which joints are affected and in what way. The treater further does not discuss how the Voltaren gel is being used with what effectiveness in terms of symptom relief. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful. The request for Voltaren gel 2gm is not medically necessary.