

Case Number:	CM14-0158223		
Date Assigned:	10/01/2014	Date of Injury:	07/14/2004
Decision Date:	12/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 70 year old female with the injury date of 07/15/2004. The patient presents with pain in her neck, radiating down her left shoulder and left arm. The patient rates her pain as 8/10, aggravated by her activities. There is tenderness over the midline of the cervical spine and over the left cervical facet joints. The range of cervical motion is limited. Her neck flexion is 40 degrees, extension is 20 degrees and lateral rotation is 5 degrees bilaterally. MRI of the cervical spine from 07/23/2012 reveals 1) 1.5mm disc bulge more prominent to the left which abuts the anterior aspect of the cervical root at C3/4 2)2mm bulge abuts the anterior aspect of spinal cord along the left paramedical aspect, slight retrolisthesis with ligamentum hypertrophy at C6/7 3) mild facet hypertrophy and uncovertebral hypertrophy with mild bilateral foraminal stenosis. Per 08/15/2014 report, the patient is taking Tramadol, Neurontin, Zanaflex, Celebrex and Voltaren 1%. The patient is disabled. Diagnoses on 08/05/2014 are:1) Degenerative disc disease, cervical2) Facet arthropathy, cervical3) Shoulder painThe utilization review determination being challenged is dated on 09/19/2014. Treatment reports were provided from 02/28/2014 to 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, # 30 day supply,quantity 300: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents pain and weakness in her neck, left shoulder and left arm. The patient is s/p two cervical spine surgeries and one right shoulder surgery (dates of operations were not provided). The request is for Voltaren gel 1% 30 day supply, quantity 300. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed." It indicates "FDA-approved agents: Voltaren Gel 1% (Diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). "The patient has been utilizing Voltaren 1% with instructions to apply 4 times per day to areas of pain since at least 02/28/2014. However, there is no documentation of efficacy and no clear diagnosis of peripheral joint arthritis/tendinitis for which this topical product is indicated. Therefore, this request is not medically necessary.