

Case Number:	CM14-0182398		
Date Assigned:	11/07/2014	Date of Injury:	06/08/2007
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63-year-old man who sustained a work-related injury on June 8, 2007. Subsequently, the patient developed with chronic neck pain. The patient underwent an EMG nerve conduction study which demonstrated evidence of moderate right carpal tunnel syndrome and no evidence of radiculopathy. According to a progress report dated on September 12, 2014, the patient was complaining of right upper extremity shoulder and arm pain. The physical examination demonstrated significant tenderness over the palpation, over the anterior shoulder with limitation of range of motion; however, the patient pain improvement on Effexor. The provider requested authorization to continue the use of Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube (100 grams) of Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS, Topical Analgesics Page(s): 107, 111.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111)

topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren could be used for osteoarthritis pain of wrist, ankle and elbow. In addition, there is no strong evidence of effectiveness for more than 4 weeks. Therefore, this request is not medically necessary.