Case Number:	CM14-0185846		
Date Assigned:	11/13/2014	**Date of Injury:**	01/29/2013
Decision Date:	12/22/2014	**UR Denial Date:**	11/03/2014
Priority:	Standard	**Application Received:**	11/07/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 Probation Officer with a date of injury of 1/29/13. The mechanism of injury appears to be cumulative trauma. Ongoing symptoms include neck, bilateral shoulder and bilateral arm pain with numbness and tingling in both hands. Diagnoses include CTD of the bilateral upper extremities, neck and shoulder pain with cervical radiculopathy, carpal tunnel syndrome and possible radial tunnel syndrome. Cervical MRI did show a bulging disc at C5-6 without central or foraminal stenosis. Electrodiagnostic testing has been negative for peripheral neuropathy and radiculopathy. Treatment has included physical therapy for the neck and shoulders and medications, including Voltaren, Flexeril, Ultram and Protonix. The primary treating physician has requested physical therapy for the cervical spine #18 and Voltaren Gel 1% for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Home Exercise..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy

Decision rationale: The MTUS states that passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapies based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities versus passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active greater than passive treatments incurred fewer treatment visits, less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [redacted]): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [redacted]) 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 [redacted]): 24 visits over 16 weeks. The ODG guidelines for neck and upper back and low back note that physical therapy is recommended for 10-12 visits over 8 weeks. The utilization review dated 11/3/14 did not certify the request for physical therapy for the cervical spine for 18 visits. The MTUS notes that passive therapies can provide short-term relief during the early phases of treatment. The neck condition in this case is chronic in nature. Although active therapy may require some supervision from a therapist, patients are expected to continue therapy at home. The medical records document 6 previous physical therapy visits for the cervical spine. The request for 18 visits exceeds both the physical medicine and ODG recommended number of visits. The request for Physical Therapy for the Cervical Spine #18 is not medically necessary.

Voltaren Gel 1% Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

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

Decision rationale: Voltaren gel is a topical analgesic containing diclofenac, a nonsteroidal anti-inflammatory (NSAID) drug. The MTUS recommends topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics have been shown to have some benefit in the first 2 weeks of treatment for osteoarthritis but with diminishing effect after that. Topical analgesics containing nonsteroidal

anti-inflammatory agents are recommended only as a short-term option for chronic musculoskeletal pain associated with arthritis and tendinitis but there is little evidence for use in osteoarthritis or musculoskeletal pain involving the spine, hip or shoulder. It is also not recommended for neuropathic pain. Efficacy in clinical trials have been inconsistent with most studies being small and of short duration. There are no long-term studies of their effectiveness or safety. The FDA has approved Voltaren Gel 1% (diclofenac) with indications 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. 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 most common adverse reactions were dermatitis and pruritus. (Voltaren package insert). Additional adverse effects for NSAIDs include GI symptoms, cardiovascular risk, hypertension and impaired renal function. In this case the use of Voltaren gel for the cervical spine does not have proven efficacy and is not supported by the MTUS. Therefore the request for Voltaren gel 1% for the Cervical Spine is not medically necessary.