

Case Number:	CM14-0029740		
Date Assigned:	06/27/2014	Date of Injury:	09/05/2013
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Emergency, 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:

Patient with reported date of injury on 9/5/2013. Mechanism of injury is described as a accidental blunt head injury while reaching for a garbage bag. There is also another injury on 3/10/14 where she claims she tripped and fell worsening her claimed pains. Pt has a diagnosis of cervical sprain/strain, cervical spondylosis and forehead contusion. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 4/22/14. Patient complains of neck and forehead pain. Pain is 5/10. Claim that voltaren gel is effective. Objective exam reveals limited neck rotation, left worst than right. Neurological exam is intact. Tenderness to paraspinal and upper trapezius bilaterally. No head tenderness. Negative Spurling's. No updated medication list was provided. Some records state that pt may be on tramadol and norco. Pt has completed physical therapy, acupuncture and has attempted other medications in the past with little improvement. Xray of cervical spine shows severe narrowing of C3-4, 4-5 and 5-6 spaces with spondylosis. There is a note mentioning an MRI but no record of that was provided and no other providers seem to mention it. Utilization review is for Voltaren gel #1. Prior UR on 2/13/14 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Topical Analgesics> Page(s): 111-112.

Decision rationale: Voltaren gel is a topical non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, topical NSAIDs are inconsistent in pain control. It appears to be effective short term but little data shows its effectiveness long term. There is little evidence to support its use for spine and shoulder related pain. MTUS Guidelines also recommended short term use only (4-12weeks). Pt appears to be using the gel in an area that is not supported by MTUS Guidelines and for at least 3-4months. The continued use of Voltaren gel does not meet MTUS Chronic Pain guidelines and therefore is not medically necessary.