

Case Number:	CM14-0035398		
Date Assigned:	06/23/2014	Date of Injury:	10/06/2012
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Forensic Psychology 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:

42 yr. old male claimant sustained a work injury on 10/6/12 resulting in a fall and loss of consciousness. He sustained a fracture to his cervical spine along with right knee ligamentous injuries. He had an additional diagnosis of traumatic brain injuries and had chronic headaches. He underwent spinal fusion of the cervical and thoracic spines. He had used Flexeril, Neurontin, and Norco for pain for several months. Since at least August 2013, the patient was placed on Voltaren orally for pain management. However, it was noted in Sept 2013 that NSAIDs did not help pain control and Norco was continued along with Voltaren. An exam note on 1/2/14 indicated there was continued 7/10 cervical pain and a TENS unit was ordered. On 2/7/14, a request was made for Voltaren 2% gel along with continuation of the prior pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Diclofenac Sodium (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: According to the MTUS guidelines for topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the injured worker has already received an oral NSAID with reported little benefit. The topical application of Voltaren would have similar blood concentrations as the oral form. The continued use is not indicated or supported in the clinical information provided.