

Case Number:	CM14-0039021		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2000
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 a 61-year-old male with a date of injury of 4/20/2000. Subsequent to the injury, the patient has developed chronic cervical pain with upper extremity radiation, chronic left shoulder pain and chronic left knee pain. The patient has been treated with multiple epidural steroid injections, physical therapy and oral analgesic medications. Cervical MRI (magnetic resonance imaging) studies have revealed widespread spondylosis with possible nerve root impingement. Shoulder MRI studies have revealed rotator cuff tendinosis but no intra-articular degeneration. Left knee x-rays do not reveal any bony changes associated with degenerative joint disease. Review of the records reveals some difficulty in getting oral medications authorized. On 2/14/14, it is documented that topical Voltaren 1% gel was to be trialed for the knee and shoulder. On 2/26/14, it is documented that the patient is getting benefits from the Voltaren Gel to his neck and shoulder, but subsequent documentation in the same narrative states that there is increased knee pain and no change in neck or extremity pain. On 3/26/14, the narrative states that he has not trialed the Voltaren Gel. Subsequent narratives from the primary treating physicians and consulting physicians make no mention of Voltaren Gel benefits even though it is listed as an ongoing medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR VOLTAREN 1% GEL, #1: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines discuss the use of Voltaren Gel and in general its use is not supported for the spine or shoulder. The Official Disability Guidelines (ODG) does not recommend use beyond 12 weeks for joints that may be beneficial. The ODG reiterates that there is no evidence of benefit for spinal or shoulder pain. In addition, the documentation is inconsistent and does not provide evidence for its use on an exceptional basis. The narratives state it is beneficial when in fact it does not appear to have been utilized. As such, the request for Voltaren Gel is not medically necessary.