

Case Number:	CM14-0045745		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2005
Decision Date:	09/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida 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 68-year-old female who reported an injury 01/07/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 04/04/2014 indicated diagnoses of cervical disc degeneration, extremity pain, right shoulder pain, and cervical radiculopathy. The injured worker reported neck pain that radiated from the neck down to the right arm, right shoulder pain, right wrist pain, and right hand pain. The injured worker reported her pain level had increased since her last visit. She reported the pain in her neck was 10/10, pain in the right shoulder was 10/10, pain in the right wrist and hand was 4/10, pain in the right elbow was 4/10, and reported her pain was worse on this visit. The quality of her sleep was fair. The injured worker reported her activity level had remained the same. The injured worker reported she was taking her medication as prescribed and that her medications were working well. No side effects had been reported. The injured worker reported her pain was worse, especially in the neck and the right shoulder. The injured worker reported her current medications were Norco, Lyrica, and Voltaren. Upon physical examination of the cervical spine, range of motion was restricted. The injured worker's Spurling's maneuver caused pain in the muscles of the neck that radiated to the right upper extremity. The injured worker had tenderness in the cervical spine on the right side, paracervical muscles on the right side, and trapezius on the right side. The muscle tone of the trapezius was increased, and there was palpable tenderness on the right. The injured worker's shoulder exam revealed restriction with flexion. The injured worker's Neer's and empty can tests were positive, and the liftoff test was also positive. On palpation, there was tenderness in the acromioclavicular joint, bicep groove, glenohumeral joint, and superior aspect of the right shoulder, supraspinatus and infraspinatus. The injured worker's treatment plan included 12 additional sessions of acupuncture. The injured worker's prior treatments included diagnostic imaging, acupuncture and medication management.

The injured worker's medication regimen included Norco, Lyrica and Voltaren. The provider submitted a request Voltaren. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel 100gm tube, SIG apply 4 x day Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG- TWC Pain Procedure Summary.

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

Decision rationale: The request for Voltaren 1% Gel 100gm tube, SIG apply 4 x day Qty: 1.00 is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The injured worker reported her pain level had been worse and was 10/10. There is no indication that the use of Voltaren has resulted in diminished pain levels or functional improvement. Moreover, it was not indicated how long the injured worker has been utilizing the Voltaren. Additionally, it was not indicated if the injured worker had failed antidepressants and anticonvulsants. Therefore, the request for Voltaren is not medically necessary.