

Case Number:	CM14-0048588		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2005
Decision Date:	09/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Pain Management 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 injured worker is a 55 year old female who is right-hand dominant and sustained work-related injuries on June 1, 2005 due to cumulative trauma. She has a history of right carpal tunnel syndrome release and de Quervain's release, right lateral epicondylitis debridement and partial epicondylectomy done in 2006. She was deemed as permanent and stationary (P&S) with permanent work restrictions. Previous treatments included six physical therapy sessions, home exercise program, cervical traction, functional capacity evaluation, ergonomic evaluation, transcutaneous electrical neurostimulator (TENS) unit use, Motrin, acupuncture, modified work duty, urine drug screening test, topical analgesics, Vicodin, and 30-day H-wave home care system trial. An electromyography (EMG)/nerve conduction studies (NCS) revealed mild to moderate right carpal tunnel syndrome. She was initially evaluated on May 15, 2014 and complained of neck pain rated at 10/10 which was aggravated by neck flexion, reaching and grasping. On examination, her cervical range of motion was limited in all planes. Upper limb nerve tension tests were positive bilaterally, more sensitive on the right, with tenderness over the scalenes and pectoralis muscles. Her Kabat sign was positive on the right. She was re-evaluated on June 4, 2014 and reported neck pain rated at 10/10 which impaired her ability to work. However, due to physical therapy she reported that her overall condition was a little better and was able to go back to work. Objectively, range of motion was still limited but had improved. Her upper limb nerve tension tests were positive bilaterally and more sensitive on the right side. Tenderness was noted over the scalenes and pectoralis muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 300 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: A review of the presented documents is composed of physical therapy notes but there were no progress reports found which should provide the medical necessity of the requested treatment. Evidence-based guidelines indicate that topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. It is primarily indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. More specifically, Voltaren gel is generally classified as a non-steroidal antiinflammatory agent (NSAID). Its efficacy is noted to be inconsistent. However, they are proven to be superior to placebo for two weeks treatment for osteoarthritis. Voltaren gel is specifically indicated for osteoarthritic pain in the ankle, elbow, foot, hand, knee and wrist but it has not been evaluated for the spine, hip or shoulder. In this case, the injured worker primarily complains of cervical spine pain and was diagnosed with cervicalgia. This diagnosis and the body part involved is not part of the indications for this medication. There is no documentation that antidepressants or anticonvulsants have been trialed and failed. Voltaren gel is not indicated for neuropathic type of pain. Based on these reasons, the medical necessity of the requested Voltaren gel 1% 300 grams is not medically necessary and appropriate.