

Case Number:	CM14-0050402		
Date Assigned:	06/25/2014	Date of Injury:	06/25/2002
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old male with a reported date of injury on 06/25/2002. The injury reportedly occurred when the injured worker tried to break up cement with an iron bar. His previous treatments were noted to include surgery, medications, and cervical epidural injections. His diagnoses were noted to include cervical degenerative disc disease, cervical radiculopathy, recurring after significant improvement following the epidural, and cervical facet osteoarthritis with chronic neck pain. The progress report dated 02/27/2014 reported the injured worker complained the neck and arm pain reverted to what it was before the epidural. He was getting neck pain travelling down the left arm to the dorsum of his hand, the little and ring fingers, consistent with C7 and C8 and spasms on the right arm, otherwise no known symptoms down the right arm. The injured worker does have some numbness in the same distribution in the left arm and some weakness and rated his pain as 7/10. The injured worker also stated that Vicodin brought it down to 5/10. The range of motion to the cervical spine was noted to be cervical rotation 30 degrees bilaterally, extension was only about 5 degrees to 10 degrees, forward flexion was 15 degrees, and lateral bending about 20 degrees bilaterally. Spurling's was noted to be positive on the left side. His medications were noted to be Cymbalta 30 mg 3 taken a day, Neurontin 300 mg 2 taken 3 times a day, Prilosec 20 mg twice a day for dyspepsia, Vicodin 5/500 mg once daily, and Ambien once or twice a week for sleep. The provider reported to try Voltaren gel as the injured worker had used it in the past and had benefits. The progress report dated 06/23/2014 reported the injured worker complained of pain radiating from his neck to his left arm along the C6-7 dermatomes with numbness. The injured worker reported his pain was 7/10 with medications, and his pain level was 10/10 without medications. The cervical examination was noted to have cervical rotation at 20 degrees to the left and 45 degrees to the

right; unable to extend, and lateral bending was about 10 degrees to the right and 15 degrees to the left. The injured worker had tenderness over the left cervical facets; sensation by light touch was intact to the upper extremities. The injured worker reported the numbness went away completely after the epidural injection, and motor strength was intact to the upper extremities. The medications were noted to be ibuprofen 800 mg 3 times a day, Prilosec 20 mg twice a day, Cymbalta 30 mg 3 times a day, Neurontin 300 mg 2 tablets 3 times a day, and Vicodin 1 to 3 per day. The Request for Authorization Form dated 02/27/2014 was for Voltaren gel due to cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4 gms #3 tubes with 3 refills: 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): 111-112.

Decision rationale: The request for Voltaren gel 4 gms #3 tubes with 3 refills is not medically necessary. The injured worker has not been taking the Voltaren gel due to the lack of authorization by the insurance company. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are of small and 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 diminishing effect over another 2 week period. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Topical analgesics are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short term use (4 weeks to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical analgesics are not recommended for neuropathic pain as there is no evidence to support this use. The guidelines state Voltaren gel 1% is indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of the spine, hip, or shoulder. The documentation provided showed cervical osteoarthritis; however, the guidelines do not recommend topical NSAIDs for use to the spine due to lack of clinical studies. The guidelines also support Voltaren gel 1% for the use of osteoarthritis in joints; however, the request failed to provide the frequency or the percentage at which this medication is to be utilized. As such, the request is not medically necessary.