

Case Number:	CM14-0063138		
Date Assigned:	07/11/2014	Date of Injury:	10/26/1999
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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:

This is a 65-year-old male with a 10/26/99 date of injury. The mechanism of injury was from cumulative trauma injury to the neck, back, right foot, and legs from repetitive motions while employed as a pharmacy manager. According to a progress note dated 1/20/14, the patient stated that his neck and back pain are the same, under decent control with medication, although he is getting quite a bit of bilateral leg pain upon standing for hours at work. Objective findings: moderate paracervical and thoracic myospasm. Diagnostic impression: rotator cuff syndrome, cervical disc degeneration, sprain of neck, and headache. Treatment to date: medication management, activity modification, physical therapy, surgeries, osteopathic manipulative therapy, ESI (epidural steroid injection). A UR decision dated 4/15/14 denied the request for Voltaren gel. In this case, the patient is being treated primarily for neck and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, quantity 300/30 day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. During a peer-to-peer discussion on 4/14/14, the provider stated that Voltaren gel was prescribed for the patient's upper shoulder and neck pain because the patches did not adhere to his neck. Guidelines do not support the use of Voltaren gel for neck and shoulder pain. In addition, there is no documentation that the patient is unable to tolerate an oral NSAID. In fact, the patient's medication regimen consists of several oral medications. Therefore, the request for Voltaren gel 1%, quantity 300/30 day was not medically necessary.