

Case Number:	CM14-0142671		
Date Assigned:	09/10/2014	Date of Injury:	03/10/2011
Decision Date:	04/24/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female, who sustained an industrial injury on March 10, 2011. She reported injury of the neck, low back, right shoulder, and right knee. The injured worker was diagnosed as having cervical spondylosis, medial epicondylitis of elbow, and knee/lower leg pain, and cervical radiculopathy, and shoulder joint pain. Treatment to date has included medications, modified duty work status, magnetic resonance imaging of the cervical spine, chiropractic treatment, and magnetic resonance imaging of the right elbow. The records indicate on 8/15/14, she had a cortisone injection of the right elbow which gave her 70% relief from pain. On August 20, 2014, she complains of neck, right shoulder, and right elbow pain. She rates her pain as 4/10 on a pain scale. The treatment plan includes request for 5 prescriptions of Voltaren 1% topical get 4 grams #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Prescriptions Of Voltaren 1% Topical Gel 4gm, #1 Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112. Decision based on Non-MTUS Citation ODG Pain (Chronic), Voltaren gel.

Decision rationale: According to the MTUS, Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per-day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Additionally, accordingly to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of an oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore the request is not medically necessary.