MAXIMUS Federal Services

Case Number:	CM14-0184804		
Date Assigned:	11/20/2014	Date of Injury:	02/10/2011
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 American Board Internal 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:

Pursuant to the October 1, 2014 progress note, the IW complains of headache rated 10/10, right shoulder pain rated 10/10, left hip pain rated 9/10, and neck pain rated 10/10. She continues to be symptomatic. The IW is taking Depakote as needed. She is not attending physical therapy. She is presently working. Physical exam reveals right shoulder anterior and lateral deltoids are tender. Biceps tendon is tender. There is acromioclavicular joint tenderness. Active range of motion abduction is 160 degrees, adduction is 30 degrees, flexion is 165 degrees, and internal and external rotations are both 80 degrees. The IW has been diagnosed with cervical pain of possible industrial origin; status post right shoulder subacromial decompression/Mumford/anterior labral debridement on June 10, 2013; Left shoulder impingement syndrome with acromioclavicular joint pain, compensatory; lumbar strain with right lower extremity radiculitis; right greater than left hip bursitis; right greater than left knee pain; and right greater than left ankle sprain. The provider prescribed Voltaren cream 100mg to be applied TID with 3 refills. The cream is to be used as a topical agent to treat pain. The provider does not indicate where on the body the cream is to be applied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren cream 100mg apply TID 3 refills qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesi Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren cream 100 mg applied TID with three refills quantity # 4. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel indicated for the relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker is a 58-year-old with a date of injury February 10, 2011. The diagnoses include pain in the shoulder, pain in the lower leg, thoracic and lumbosacral radiculitis, enthesopathy of the hip region, headache, lumbar sprain, ankle sprain, postsurgical status. The progress note dated October 1, 2014 states "apply to painful areas". There are no specific instructions present in the documentation as to how and where to apply the cream. As noted above, Voltaren gel as indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment. Many of the diagnoses do not fall in those categories. Additionally, Voltaren has not been evaluated for treatment of the spine, hip or shoulder. It is also unclear what the quantity #4 refers to. Consequently, Voltaren cream 100 mg applied t.i.d. with three refills quantity #4. Therefore, this request is not medically necessary.