

Case Number:	CM14-0190223		
Date Assigned:	11/21/2014	Date of Injury:	12/08/1998
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 Rehab 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 60 year old female with a date of injury as 12/08/1998. The cause of the injury was not included in the documentation received. The current diagnoses include cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, history of ulnar neuropathy left, depression, and occipital neuralgia bilateral. Previous treatments include multiple medications, topical analgesics, Toradol injections, and psychiatry. Primary treating physician's reports dated 07/17/2014 through 10/16/2014, and urine drug screening from 10/16/2014 were included in the documentation submitted for review. Report dated 10/16/2014 noted that the injured worker presented with complaints that included chronic neck and right arm pain. The injured worker noted that the arm pain alternates between the right and left side, numbness in the right elbow and bilateral finger, increased burning in her fingers, wrist pain, headaches with increased neck pain. The physician noted that the injured worker has been provided additional relief of pain with Voltaren gel. A detailed evaluation of the benefit of the Voltaren gel was not included. Physical examination revealed moderate tenderness over the paraspinals and upper trapezius with tightness and spasm noted worse on the right, limited range of motion in the cervical spine, decreased hand strength, sensation to light touch diminished on the right hand, and positive Phalen's and Tinel's sign. Reports submitted indicate that the treating provider has recommended a referral to a neurologist, and occipital nerve blocks but the injured worker refused these recommendations. The injured worker is permanent and stationary. The utilization review performed on 10/28/2014 non-certified a prescription for Voltaren gel based on the clinical findings do not appear to support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4gm #5 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

Decision rationale: The injured worker is a 60 year old female with a date of injury as 12/08/1998. The current diagnoses include cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, history of ulnar neuropathy left, depression, and occipital neuralgia bilateral. Previous treatments include multiple medications, topical analgesics, Toradol injections, and psychiatry. Report dated 10/16/214 noted that the injured worker presented with complaints that included chronic neck and right arm pain. The injured worker noted that the arm pain alternates between the right and left side, numbness in the right elbow and bilateral finger, increased burning in her fingers, wrist pain, headaches with increased neck pain. The physician noted that the injured worker has been provided additional relief of pain with Voltaren gel. A detailed evaluation of the benefit of the Voltaren gel was not included. Physical examination revealed moderate tenderness over the paraspinals and upper trapezius with tightness and spasm noted worse on the right, limited range of motion in the cervical spine, decreased hand strength, sensation to light touch diminished on the right hand, and positive Phalen's and Tinel's sign. Reports submitted indicate that the treating provider has recommended a referral to a neurologist, and occipital nerve blocks but the injured worker refused these recommendations. The injured worker is permanent and stationary. The utilization review performed on 10/28/14 non-certified a prescription for Voltaren gel. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted continued neck and arm pain with without correlating myotomal or dermatomal neurological deficits. There are no x-ray findings of osteoarthritis. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. There is no documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient with non-joint osteoarthritis. The Voltaren gel 1% 4gm #5 tubes are not medically necessary and appropriate.