

Case Number:	CM14-0192388		
Date Assigned:	11/26/2014	Date of Injury:	08/20/2010
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 New York. 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 patient is a 47-year-old right hand dominant female who was injured on 8/20/2010 and diagnosed with right thoracic outlet syndrome. She was working as a medical assistant. She is requesting Voltaren gel 16% to use four times per day. MRI showed compression of the right brachial plexus, subclavian artery and vein, caused by fibrosis of the scalenus anterior muscle. She also has plantar fasciitis with compression of the posterior tibial and plantar nerves on the left. Her neurosurgeon is requesting Voltaren gel four times per day in both feet to reduce the intensity of burning pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Voltaren gel 16% #5: Upheld

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

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

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel can be used for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use (4-12

weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends 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). This medication is not indicated for plantar fasciitis - only osteoarthritis and tendonitis. It is specifically not recommended for neuropathic pain, which this patient has, per the neurosurgeon. Furthermore, only the 1% strength is indicated for treatment under the MTUS. Therefore, this request is not medically necessary.