

Case Number:	CM14-0193459		
Date Assigned:	12/01/2014	Date of Injury:	02/06/2006
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of February 6, 2006. A utilization review determination dated November 12, 2014 recommends non-certification of Voltaren gel. A report dated October 27, 2014 identifies subjective complaints of neck pain and pain in the left upper extremity. The patient had cervical surgery which improved numbness and tingling in the upper extremity as well as headaches. The patient is currently working 6 hours a day and has minimal pain. She uses Norco once or twice a day for pain control and Flexeril for spasm. Cymbalta is used for depression. Physical examination reveals a well-heeled cervical spine scar with painful range of motion. Diagnoses include cervical radiculopathy, cervical sprain/strain, status post cervical fusion, myofascial pain syndrome, and cervical laminectomy in June 2014. The treatment plan indicates that the patient continues to have pain in the neck and left upper extremity. The patient is to continue her current medication regimen. Voltaren gel is also recommended since the patient has trialed multiple oral anti-inflammatory medications including Etodolac, Naproxen, Relafen, and Celebrex, but all of these medications have caused severe G.I. side effects despite the use of photonics and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: 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): 111-112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, it appears the patient continues to have ongoing pain following neck surgery. Additionally, the patient has failed numerous NSAID medications despite the use of PPIs. Therefore, a trial of topical NSAIDs may be reasonable to see if the patient is able to tolerate them, and evaluate whether they provide analgesic efficacy and objective functional improvement. Unfortunately, the current request does not have a frequency of application or duration of use. As such, it is an open-ended request for Voltaren gel. Guidelines do not support the open-ended application of topical NSAID medications, and unfortunately there is no provision to modify the current request. Therefore, the currently requested a Voltaren gel is not medically necessary.