

Case Number:	CM14-0198180		
Date Assigned:	12/08/2014	Date of Injury:	09/12/2007
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Montana. 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 has a date of injury of 9/12/07. Echo in his him of injury is not described. Ongoing complaints include low back pain radiating to the right leg, neck pain, right shoulder pain, right elbow pain, left knee pain, left ankle pain, and numbness in both upper extremities. Diagnoses include chronic lumbar pain with disc herniation at L5-S1, left S1 radiculopathy, chronic cervical pain with C5 and C6 bilateral radiculopathies, bilateral carpal tunnel syndrome, left medial epicondylitis and right medial and lateral epicondylitis, chronic right shoulder pain with rotator cuff tendinosis and AC joint degenerative changes, chronic left hip pain, and chronic bilateral upper extremity radicular symptoms. Treatment has included hydrocodone, Tylenol, ibuprofen, Naprosyn, Voltaren Gel, amitriptyline, Lidoderm patches, and Flexeril. She has had physical therapy including use of a TENS unit and aquatic therapy. She has seen a psychologist for cognitive behavioral therapy. Cervical epidural steroid injection and right shoulder injection were not helpful. She has used Voltaren gel since the December 2013 for the right elbow. The primary treating physician has requested Voltaren Gel 3 100 g tubes with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren gel 3-100 tubes with 3 refills: Upheld

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

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

Decision rationale: Voltaren gel is a topical analgesic containing diclofenac, a non-steroidal anti-inflammatory (NSAID) drug. The MTUS recommends topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics have been shown to have some benefit in the first 2 weeks of treatment for osteoarthritis but with diminishing effect after that. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Topical analgesics containing non-steroidal anti-inflammatory agents are recommended only as a short-term option for chronic musculoskeletal pain associated with arthritis and tendinitis but there is little evidence for use in osteoarthritis or musculoskeletal pain involving the spine, hip or shoulder. It is also not recommended for neuropathic pain. Efficacy in clinical trials have been inconsistent with most studies being small and of short duration. There are no long-term studies of their effectiveness or safety. The FDA has approved Voltaren Gel 1% (diclofenac) with indications 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). Additional adverse effects for NSAIDs include GI symptoms, cardiovascular risk, hypertension and impaired renal function. The ODG guidelines note that 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 patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. In this case the use of Voltaren Gel has been long term since December 2013. It is recommended for short-term use and chronic musculoskeletal pain associated with arthritis and tendinitis. Continued use is not consistent with the MTUS and ODG guidelines. The request for Voltaren gel 3 100g tubes with 3 refills is not medically necessary.