

Case Number:	CM14-0198632		
Date Assigned:	12/08/2014	Date of Injury:	10/18/2009
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
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 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 38-year-old female with a 10/18/09 date of injury. According to a progress report dated 10/17/14, this patient continued to be treated conservatively but continued to have significant pain that limits her. She has utilized Voltaren gel in the past with good benefit. She complained of ongoing neck pain that radiated down the left upper extremity with intermittent numbness, extending to the fingertips that she rated a 6/10. Objective findings: no evidence of tenderness or spasms in the paracervical muscles, spinous process, base of neck/skull, trapezius/cervical musculature, and interscapular space. Diagnostic impression: status post C6-C7 anterior cervical discectomy and fusion C5-C6, C5-C6 pseudoarthrosis, left C6 and C7 radiculopathy, C6-7 moderate left foraminal stenosis, left carpal tunnel release, depression, insomnia, GERD. Treatment to date: medication management, activity modification, physical therapy, cervical fusion. A UR decision dated 11/13/14 denied the request for Voltaren gel. There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested topical cream in this patient's clinical scenario.

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): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the present case, there is no documentation that this patient has a diagnosis of arthritis. In addition, there is no documentation that she is unable to tolerate oral medications. Therefore, the request for Voltaren Gel 1% is not medically necessary.