MAXIMUS Federal Services

Case Number:	CM14-0027014		
Date Assigned:	06/13/2014	Date of Injury:	07/14/2004
Decision Date:	02/28/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female who suffered an industrial related injury on 7/14/04. A physician's report dated 8/26/13 noted the injured worker underwent a two level cervical decompression and fusion on 9/18/08. The injured worker then went on to develop junctional disease at C3-4 resulting in a left C3-4 foraminotomy on 10/29/09. She underwent left shoulder surgery on 8/19/11. The injured worker had complaints of left sided neck and medial border scapular pain. A cervical MRI obtained on 7/23/12 revealed a disc osteophyte complex with moderate left foraminal stenosis at C3-4, which indicated that her foraminotomy was failing and that settling of the vertebrae and disc was resulting in foraminal stenosis. A physician's report dated 1/31/14 noted the injured worker had complaints of neck pain that radiated into the left rhomboid region and down the left shoulder. The injured worker was being treated with heat and cold, TENS unit, acupuncture, and physical therapy. The physical examination revealed tenderness in the midline of the cervical spine and over the left cervical facet joints with palpation. Cervical range of motion revealed 40 degrees of flexion, 20 degrees of extension, 5 degrees of left and right lateral flexion, 70 degrees of left and right lateral rotation. Muscle strength was 5/5 in bilateral upper and lower extremities. Sensation was normal in bilateral upper and lower extremities. A straight leg raise test was negative bilaterally. Faber's test was negative bilaterally. Diagnoses included cervical degenerative disc disease and cervical facet arthropathy. The injured worker was prescribed Tramadol, Neurontin, Zanaflex and Voltaren gel 1%. On 2/18/14 the utilization review (UR) physician denied the request for Voltaren gel x3 tubes. The UR physician noted the Medical Treatment Utilization Schedule guidelines state that Voltaren gel is potentially useful to

treat joints that are superficial, but had not been tested on the spine or shoulder. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL X3 TUBES: Upheld

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

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

Decision rationale: MTUS Guidelines specifically state that they do not support topical NSAIDs for shoulder or spinal pain. There are no unusual circumstances to justify an exception to Guidelines. The request for Topical Voltaren X3 tubes is not consistent with Guidelines and is not medically necessary.