

Case Number:	CM15-0001142		
Date Assigned:	02/11/2015	Date of Injury:	02/16/2012
Decision Date:	04/14/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 69-year-old female who reported an injury on 02/16/2012 due to an unspecified mechanism of injury. On 01/28/2015, she presented for a follow-up evaluation regarding her work related injury. She reported bilateral, left worse than right and lower worse than upper neck pain and bilateral shoulder pain. Her medications included Imitrex as needed, Neurontin 300 mg 3 times a day, Nucynta 50 mg 1 tab by mouth twice a day as needed, and Lyrica 50 mg twice a day, and Lipitor. On examination, there was tenderness to palpation of the bilateral shoulders and bilateral cervical paraspinal muscles over the C5-T1 facet joints. Cervical ranges of motion were restricted by pain in all directions and were noted to have worsened by 50%. There were spasms noted in the cervical spine and shoulder impingement signs were positive with decreased range of motion. Neer's was painful and positive on the left, and Hawkins was positive bilaterally. There was rotator cuff weakness and sensation was intact, with the exception of decreased sensation in the right forearm and right C6 dermatome. She was diagnosed with chronic right C6 radiculopathy, lumbar herniated disc protrusion, lumbar radiculopathy, lumbar stenosis, right shoulder pain, bilateral shoulder derangement and surgeries, bilateral cervical facet pain, cervical facet joint arthropathy, right lateral disc protrusion, central disc protrusion, cervical degenerative disc disease, lumbar sprain and strain, lumbar pain, and right ankle, foot, and knee sprain and strain and contusion. The treatment plan was for Voltaren gel to treat the injured worker's right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium Topical Gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has failed the recommended oral medications to support the requested topical analgesic. Also, the quantity and frequency of the medication was not stated within the request and without this information, the request would not be supported. Therefore, the request is not medically necessary.