

Case Number:	CM15-0006108		
Date Assigned:	01/29/2015	Date of Injury:	06/07/2004
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on June 7, 2004. The diagnoses have included carpal tunnel releaser with ongoing symptoms in the right hand, trigger finger, long finger right hand, postoperative electromyogram nerve studies negative, carpal tunnel syndrome persisting in the left hand with positive nerve studies, revision of carpal tunnel release in the right hand without improvement in symptoms, chronic medial and lateral epicondylitis in both elbows, right shoulder sprain/strain with history of subacromial decompression with ongoing limited range of motion and crepitus and history of reactive depression and chronic myofascial pain disorder. Treatment to date has included pain medication, and topical gel. Currently, the injured worker complains of constant neck pain radiates across neck and shoulder girdle areas severe muscle spasms, frequent headaches, pain in her upper extremities, wrists and hands. On December 30, 2014 Utilization Review non-certified a Voltaren gel 1percent 100g tube, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of Voltaren gel 1percent 100g tube, and Norco 7.5/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription Voltaren gel 1% 100g tube: 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 rationale: The patient presents with constant neck pain which radiates across neck and shoulder girdle areas, severe muscle spasms, frequent headaches, pain in her upper extremities, wrists and hands. The request is for ONE PRESCRIPTION VOLTAREN GEL 1%, 100G TUBE. The RFA provided is dated 12/12/14. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): 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." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the first documentation of Voltaren gel is noted in progress report dated 10/17/13. The patient suffers from chronic neck pain; however, the patient does not present with indication for use of this medication, peripheral joint arthritis/tendinitis. Furthermore, treater is requesting Voltaren gel for shoulder and neck which are areas that are not amenable to topical treatments. Therefore, the request IS NOT medically necessary.