

Case Number:	CM15-0008370		
Date Assigned:	01/26/2015	Date of Injury:	10/30/2010
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 29 year old male who sustained an industrial injury on 10/30/2010. He has reported back and neck pain. The diagnoses have included cervical spine myelopathy, thoracic sprain, lumbar disc rupture, and bilateral shoulder strain, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, degenerative arthritis and right elbow cubital injury. Treatment to date has included physical therapy, chiropractic care, epidural steroid injection, home exercises and medication management. Currently, the IW complains of low back pain, shoulder pain and upper back pain. Treatment plan included Voltaren gel 1%-5 tubes with 2 refills. On 1/7/2015, Utilization Review non-certified review of Voltaren gel 1%-5 tubes with 2 refills, noting the lack of documentation of functional improvement. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for Voltaren gel 1%-5 tubes with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 5 tubes with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it "indicated 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." The treating physician has not provided objective functional improvement with the use of this medication, or extenuating circumstances that would warrant going against guideline recommendations. As such, the request for Voltaren gel 1%, 5 tubes with 2 refills is not medically necessary.