

Case Number:	CM15-0103068		
Date Assigned:	06/05/2015	Date of Injury:	04/12/2001
Decision Date:	07/03/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on April 12, 2001. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included degeneration of cervical intervertebral disc, lumbago, lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, low back pain, diffuse regional myofascial pain, chronic pain syndrome, chronic lower extremity radiculopathy and depressive disorder. Treatment to date has included medications, radiological studies, epidural steroid injections, home exercise program, physical therapy and lumbar spine surgery. Current documentation dated May 13, 2015 notes that the injured worker reported severe neck pain radiating into the right upper extremity with associated headaches. The injured worker's back and leg complaints were noted to be stable. Examination of the cervical spine revealed hyperesthesia of the right upper extremity in the cervical six dermatome. The treating physician's plan of care included a request for Voltaren 1 % topical gel # 3 100 gm tubes with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent Topical Gel #3 100 Gram with 5 Refills: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for over a year in combination with opioids. The claimant did not have the above diagnoses. There are diminishing effects after 2 weeks. The Voltaren gel with 5 refills is not medically necessary.