

Case Number:	CM15-0108342		
Date Assigned:	07/20/2015	Date of Injury:	04/23/2004
Decision Date:	08/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, 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:

This is a 56 year old female patient, who sustained an industrial injury on 4/23/04. The diagnoses include cervical strain with intermittent left cervical radiculopathy; bilateral shoulder impingement; thoracic strain; lumbar strain with left lumbar radiculitis; paresthesia upper extremities; bilateral carpal tunnel syndrome; gastrointestinal upset due to medications. Per the doctor's note dated 6/18/2015 and 4/8/2015, she had complaints of low back pain with radiation to the lower extremities into the calves with cramping, especially to the left leg, bilateral shoulder pain, left worse than the right, mid back and neck pain as well as bilateral wrist and hand pain with paresthesia, insomnia due to chronic pain and gastrointestinal upset due to medications. The physical examination revealed cervical spine- spasm, decreased range of motion and positive Spurling sign on the left; thoracic spine- minimal spasm and tenderness; left upper arm/forearm- diffuse tenderness; lumbar spine- spasm, decreased range of motion and positive Straight leg raising on the left; bilateral shoulder- tenderness, decreased range of motion and positive impingement signs; bilateral wrists- positive Phalen's bilaterally. The medications list includes morphine sulfate, norco, soma, ambien, naproxen, prilosec and voltaren gel. She has had lab tests including hepatic and renal function panel dated 10/31/14 with negative results. She has had a MRI of the lumbar spine dated 4/18/13 which revealed L4-5 disc desiccation and diminished disc height and a 2-3mm diffuse posterior disc bulge containing posterior midsagittal annular tear, at L5-S1, a 1-2mm diffuse posterior disc bulge with narrowing of the anterior thecal sac; EMG/NCS which revealed left L5 radiculopathy and bilateral carpal tunnel syndrome. She has had physical therapy visits for this injury. The provider is requesting authorization of Voltaren gel 1% 100gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Voltaren[®] 1% Gel (diclofenac).

Decision rationale: Voltaren gel 1% 100gm tube. The cited Guidelines regarding topical analgesics state, "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure to ant-depressants and anti-convulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Voltaren gel 1% 100gm tube is not established for this patient at this time.