

Case Number:	CM15-0131058		
Date Assigned:	07/17/2015	Date of Injury:	07/18/2011
Decision Date:	09/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained an industrial injury on July 18, 2011. The mechanism of injury was a motor vehicle accident. The injured worker sustained injuries to his back, right leg, right shoulder and trachea. The diagnoses have included chest wall pain, closed rib fracture, low back pain, mid thoracic pain, neck pain, insomnia, depressive disorder and cognitive disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, psychological evaluation, right rotator cuff repair, thoracic and lumbar fusion, thoracotomy and tracheal repair and open reduction and internal fixation of a right femur fracture. The injured worker was working with modified duties. Current documentation dated May 19, 2015 notes that the injured worker reported persistent lower cervical and thoracic region pain with associated numbness and tingling. The injured worker also noted left chest wall pain and right knee pain with associated intermittent numbness. Examination revealed spasms in the thoracic paraspinal and lower cervical paraspinal muscles which was worse on the right side. Dysesthesia to light touch in the mid thoracic region along the scar tissue was noted. There was tenderness noted along the right knee joint line. The injured worker was also noted to be anxious and depressed. Medications included Voltaren gel 1%, Ibuprofen and Nortriptyline. The treating physician's plan of care included a request for Voltaren gel 1% apply 2-4 grams four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, apply 2 to 4 GM, four times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. "Voltaren gel 1% 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. Non-steroidal anti-inflammatory drugs are recommended for short-term use (4-12 weeks). The guidelines recommended against prescribing oral and topical non-steroidal anti-inflammatory drugs simultaneously." The Official Disability Guidelines state that Voltaren gel is not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac. 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. In this case, the injured worker had chronic neck, back, shoulder, chest wall and right knee pain. The MTUS guidelines recommended Voltaren gel 1% for ankle, elbow, foot, hand, knee and wrist pain. It has not been evaluated for treatment of the spine, hip or shoulder. There is lack of documentation in the medical records as to which body part the Voltaren gel was prescribed for. In addition, the injured worker was noted to be taking an oral non-steroidal anti-inflammatory drug. The guidelines do not recommended taking oral and topical non-steroidal anti-inflammatory drugs simultaneously. The request for Voltaren gel 1% is not medically necessary.