

Case Number:	CM15-0137081		
Date Assigned:	07/27/2015	Date of Injury:	12/27/2013
Decision Date:	09/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina, Georgia
 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 48-year-old male, who sustained an industrial injury on 12/27/13. He reported a cold, numbness and tingling sensation from his right fingers to right shoulder and shoulder blade when a 90-pound bag he was lifting slipped. The injured worker was diagnosed as having multiple level disc desiccation and cervical facet syndrome, cervical radiculitis, status post-surgical fusion at C6-7, right shoulder tendonitis, right shoulder sprain-strain, chronic cervical myofascitis, right C8 radiculopathy and bilateral ulnar neuritis. Treatment to date has included cervical epidural injections, physical therapy, and right corticosteroid injection, oral medications including Norco and Lyrica and activity restrictions. (EMG) Electromyogram studies of upper extremities were performed on 9/24/14 and revealed chronic bilateral C7 radiculopathy, bilateral ulnar neuropathy across elbows and mild bilateral median neuropathy at wrist (carpal tunnel syndrome). (MRI) magnetic resonance imaging of right shoulder performed on 3/20/14 revealed acromioclavicular osteoarthritis, subacromial cyst formation, cervical spine tendonitis and infraspinatus tendonitis. (MRI) magnetic resonance imaging of cervical spine performed on 3/17/14 revealed surgical fusion at C6-7, C3-4 disc protrusion, C4-5 disc protrusion and C5-6 disc protrusion. Currently on 6/18/15, the injured worker reports 70% improvement in neck pain for up to 2 weeks following injections and 50% improvement in neck pain for 6 weeks following injections. He has been able to increase his exercise activity and cut back on his Norco. He complained of burning shoulder pain following restarting physical therapy. He is currently not working. Physical exam performed on 6/18/15 revealed tenderness in the paracervical musculature with absence of spasms, lower facet joints are positive on palpation and significant discomfort in the right shoulder with abduction is noted. He has not

Been able to tolerate oral anti-inflammatory medications due to significant gastritis. On 6/18/15, a request for authorization was submitted for Norco 10/325mg, repeat cervical epidural steroid injection and a trial of Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% quantity 300gm: 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studied for use on spine, hip and shoulder. Voltaren gel for application to cervical spine and shoulder is not medically necessary.