

Case Number:	CM15-0162958		
Date Assigned:	08/31/2015	Date of Injury:	09/08/2004
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 09-08-2004. She has reported injury to the neck. The diagnoses have included cervicalgia; cervical facet arthropathy; cervical spondylosis; cervical stenosis and herniated nucleus pulposus, C5-6; post-cervical spine surgery syndrome; left shoulder impingement; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, trigger point injection, physical therapy, home traction unit, and surgical intervention. Medications have included Trazodone, Zoloft, and Fentanyl Patch. A progress report from the treating physician, dated 08-04-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain; she is worried about withdrawal risk from Fentanyl; she has had visits with physical therapy recently; and she has a home traction unit, which helps. Objective findings included she is alert and oriented; mood is anxious; range of motion of the cervical spine is grossly limited and with pain; and Hoffman's test is negative on the left and negative on the right. The treatment plan has included the request for Voltaren gel 1% 60 gm with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 60 gm with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 2004 and is being treated for neck pain with left upper extremity radiculopathy, carpal tunnel syndrome, and left shoulder pain. She underwent an anterior cervical decompression and fusion in February 2007 and carpal tunnel release surgery in March and April 2014. The claimant has a history of gastric bypass surgery and oral NSAID medication is contraindicated. When seen, there was limited cervical spine range of motion with pain. Her BMI was nearly 38. Authorization is being requested for Voltaren gel. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has a history of gastric bypass surgery and NSAID medication is contraindicated. She has localized spine pain that may be amenable to topical treatment. Generic medication is available. This request for topical Diclofenac is considered medically necessary.