

Case Number:	CM15-0164613		
Date Assigned:	09/02/2015	Date of Injury:	12/09/2008
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/21/2015

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 59-year-old female who sustained an industrial injury on 12-09-2008. Mechanism of injury was a trip and fall. Diagnoses include neck pain, low back pain, arm, shoulder and foot pain. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and she uses a wrist splint-compression sleeve of the arm. She is currently working. Medications include Tramadol uses only 2-3 times a week, Flector patches-uses only in winter, Pennsaid drops, and Voltaren gel, Lisinopril, Hydrochlorothiazide, Famotidine, ASA and Atenolol. A physician progress note dated 04-24-2015 documents the injured worker continues to have pain in her right hand, wrist, arm and shoulder, and neck. She cannot sleep on her right side. She uses Tramadol occasionally for severe pain. She has some headaches and increased shoulder pain. When she moves her neck, she has pain that radiates to the back of and over the shoulder to the upper arm. There is right tightness of the trapezius and occipital tenderness. She has almost full range of motion of the right shoulder. There is mild acromioclavicular joint tenderness and tenderness in the biceps groove, which is increased in supination. She rates her pain as 10 out of 10 without medications and 3 out of 10 with medications. The treatment plan includes Tramadol Hydrochloride 50mg #84. Treatment requested is for Voltaren Gel 1% #600, and Pennsaid 1.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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 numerous topical analgesics containing NSAIDS along with oral opioids for several months. Long-term use is not recommended and the claimant did not have the above diagnoses. The Voltaren gel is not medically necessary.

Pennsaid 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic 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. Pennsaid is a topical NSAID. 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 numerous topical analgesics containing NSAIDS along with oral opioids for several months. Long-term use is not recommended and the claimant did not have the above diagnoses. The Pennsaid is not medically necessary.