MAXIMUS Federal Services

Case Number:	CM15-0185811		
Date Assigned:	09/28/2015	Date of Injury:	05/21/1999
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 65 year old female, who sustained an industrial injury on May 21, 1999. Medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome, neuropathy, and reflex sympathetic dystrophy syndrome lower limb, reflex sympathetic dystrophy syndrome of the upper limb, thoracic spine sprain-strain, sleep apnea, anxiety disorder and depression. The injured worker is currently not working. On (8-19-15) the injured worker complained of neck, shoulders, feet, hands and low back pain rated 8 out of 10. The left shoulder and hand pain were better with medications and rest and worse with activity. The injured worker was in a sub-acute facility after a course of Methicillin-resistant Staphylococcus aureus pneumonia. The injured worker was noted to have ongoing pain in the hands and feet which was exacerbated by her reflex sympathetic dystrophy syndrome. The injured worker has been using Lidocaine patches to the thumb side of her hands which helps temporary. Treatment and evaluation to date has included medications, spinal cord stimulator (removed), hand and wrist braces, topical analgesics and a tarsal tunnel release of the right foot. Current medications include Wellbutrin, Percocet, Lidocaine patches and Voltaren gel to the left shoulder, bilateral hands and feet (since July of 2015). The request for authorization dated 8-20-15 includes a request for Voltaren gel 1% 200 grams with 1 refill. The Utilization Review documentation dated 8-25-15 non-certified the request for Voltaren gel 1% 200 grams 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% 200gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.