

Case Number:	CM15-0186659		
Date Assigned:	09/28/2015	Date of Injury:	07/24/2014
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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 48 year old female who sustained an industrial injury on 07-24-2014. According to a progress report dated 08-20-2015, the injured worker reported neck pain on the left side, left shoulder pain, left arm pain and low back pain. Treatment to date has included physical therapy, acupuncture and medications. She was prescribed Norco, Flexeril and Mobic. She reported that she "very rare" takes meds because they caused her to be drowsy and not alert. She continued to work and felt that she needed to be on a "high level of alertness". She used Voltaren gel topically which "helped pain". She wanted to restart acupuncture again since it was most helpful. She had been deemed not a surgical candidate and epidurals were not recommended. As a result of taking pain medications, the injured worker could "go to work, do chores". Pain level for last month was 5 on a scale of 1-10 with medications and 10 without medications. Medications from other providers included Ativan. Diagnoses included cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, spasm, myalgia and myositis unspecified, neuralgia, long term (current) use of other medications, encounter for therapeutic drug monitoring and brachial neuritis. The treatment plan included continuation of Tramadol, Gabapentin, Zanaflex, Mobic and prescription for compounding cream since she was unable to take meds during the day. Voltaren Gel 1% was refilled. Documentation submitted for review shows use of Voltaren gel 1% dating back to 01-14-2015. On 08-27-2015, Utilization Review non-certified the request for topical Voltaren 1% quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren 1% Qty: 1.00: 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): Topical Analgesics.

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 on the gel for several months is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.