

Case Number:	CM15-0196597		
Date Assigned:	10/12/2015	Date of Injury:	03/06/2001
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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
 Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 3-6-01. The injured worker is being treated for displacement of cervical intervertebral disc without myelopathy, brachial plexus lesions and carpal tunnel syndrome. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral medications including Nucynta and trigger point injections. On 8-12-15 the injured worker complained of increased neck pain radiating to left arm with numbness of both hands and on 9-2-15, the injured worker complains of altered sleep, no change with numbness of hands and he notes he responded to trigger point injection. He is currently working. On 9-2-15 physical exam revealed slight forward head posture, restricted cervical bilateral rotation, cervical paraspinal spasm, residual suprascapular spasm, myofascial tightness and bilateral upper trapezius and levator scapulae tenderness; left wrist tenderness and positive bilateral medial and lateral epicondyle tenderness. The treatment plan included pending DBCT cream, Voltaren Gel, Nucynta 50mg, home exercise program and resuming use of interferential electrical stimulation unit. On 9-14-15 request for DBCGT cream and Voltaren gel was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Voltaren gel 1%, 100gm with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has altered sleep, no change with numbness of hands and he notes he responded to trigger point injection. He is currently working. On 9-2-15 physical exam revealed slight forward head posture, restricted cervical bilateral rotation, cervical paraspinal spasm, residual suprascapular spasm, myofascial tightness and bilateral upper trapezius and levator scapulae tenderness; left wrist tenderness and positive bilateral medial and lateral epicondyle tenderness. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 1%, 100gm with 2 refills is not medically necessary.

Compound medication: Diclofenac 3%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Tetracaine 2% cream, 120gm with 3 refills: 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: The requested Compound medication: Diclofenac 3%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Tetracaine 2% cream, 120gm with 3 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has altered sleep, no change with numbness of hands and he notes he responded to trigger point injection. He is currently working. On 9-2-15 physical exam revealed slight forward head posture, restricted cervical bilateral rotation, cervical paraspinal spasm, residual suprascapular spasm, myofascial tightness and bilateral upper trapezius and levator scapulae tenderness; left wrist tenderness and positive bilateral medial and lateral epicondyle tenderness. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound medication: Diclofenac 3%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Tetracaine 2% cream, 120gm with 3 refills is not medically necessary.