MAXIMUS Federal Services

Case Number:	CM15-0199149		
Date Assigned:	10/14/2015	Date of Injury:	01/19/1999
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male who sustained an industrial injury on 01-19-1999. According to a progress report dated 09-11-2015, the injured worker had persistent neck pain that was posteriorly located with radiation into the proximal left shoulder. Pain level without medications was rated 9 on a scale of 1-10. With medications, pain went down to level 3. He was staying much more active in terms of going to school, visiting a friend, going out for lunch once a week and doing things around the house much more effectively with use of medications. Sleep bothered him quite a bit. He was only getting 3 hours of sleep. Norco did not help with sleep that much. He used to walk 1 hour a day but recently had to stop because of a heart procedure. He still used a stationary bike 15 to 20 minutes every day. Without medications, he was unable to do that. There had been no side effects. He used a TENS unit for his neck and low back which had been helpful. Voltaren gel was used for his neck problems but it did not do much for his low back. Voltaren gel had not been authorized. Current medications included Norco and Voltaren gel. He had diminished range of motion in the lumbar spine and cervical spine with pain. Gait and stance were normal. He had good strength in both upper and lower extremities. Diagnoses included status post cervical diskectomy fusion at C5-C6 and C6-C7 on 10-12-2009. The provider noted that the injured worker was experiencing increased pain in his neck that was inadequately controlled with just use of medications and activities. Due to his heart condition and the upcoming angiogram, he had not been able to walk and exercise. The injured worker was not able to tolerate oral anti-inflammatory medications. The treatment plan included acupuncture and continuation of medications including Voltaren Gel. His condition was permanent and stationary in terms of his neck. Documentation shows use of Voltaren Gel dating back to 07-31-2014. On 09-30-2015, Utilization Review non-certified the request for Voltaren Gel #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic Voltaren® Gel (Diclofenac).

Decision rationale: The injured worker sustained a work related injury on 01-19-1999. The medical records provided indicate the diagnosis of status post cervical diskectomy fusion, shoulder pain. Treatments have included Norco, Voltaren Gel, and TENs unit. The medical records provided for review do not indicate a medical necessity for Voltaren gel, #2. Voltaren Gel is a topical analgesic. The MTUS states, Voltaren Gel 1% (Diclofenac) 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. The medical report indicates the injured worker is being treated for neck condition, one of the areas it is not indicated. The request is not medically necessary. The Official Disability Guidelines states as follows: not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations.