

Case Number:	CM15-0200359		
Date Assigned:	10/15/2015	Date of Injury:	06/21/2002
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year old female who sustained an industrial injury on June 21, 2015. The worker is being treated for: brachial neuritis radiculitis, joint forearm pain, reflex sympathetic dystrophy upper limb, pain in joint hand, and pain in joint shoulder. Medications: September 08, 2015 MS Contin to begin and end date of October 08, 2015. August 13, 2015 MS Contin and Percocet initiated; also prescribed: Tizanidine, Zofran, Voltaren gel, Lidocaine patches, Gabapentin, and Topamax. Vicodin noted discontinued. July 14, 2015 prescribed Norco, and increase MS Contin, Tizanidine, Zofran. Subjective: July 14, 2015, August 13, 2015, September 08, 2015 neck, shoulder, elbow and wrist pains. Objective: September 08, 2015 moderate distress cervical spine; decreased neck range of motion bilaterally; tenderness to palpation of paraspinal musculature, positive spasm, positive bilateral cervical trigger points, bilateral trapezius trigger points, bilateral rhomboid trigger points and positive Spurling's upper extremity. Poor dentition secondary to repeated vomiting. Diagnostic testing: September 08, 2015 Pending psychiatric evaluation for possible spinal cord stimulator trial. Treatment modality: September 08, 2015 pending injection authorization, medications, activity modification. On September 22, 2015 a request was made for Voltaren gel 1% that was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Voltaren Gel 1% 2-4gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that 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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the treating physician does not indicate the specific treatment area and notes the medication is for inflammation. As such, the request for MED Voltaren Gel 1% 2-4gm is not medically necessary.