

Case Number:	CM15-0204475		
Date Assigned:	10/21/2015	Date of Injury:	04/14/2002
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on 4-14-02. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, ankle sprain, enthesopathy of hip region, disorders of bursae and tendons in shoulder region, and chronic pain syndrome. Treatment to date has included ankle surgery on 2-20-14, shoulder injections, hip injections, physical therapy, and medication including Norco, Alprazolam, Lyrica, and Voltaren gel. Physical examination findings on 7-22-15 included tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature. Tenderness to palpation was noted over the left-sided lumbar paraspinal muscles with spasms. Right tenderness to palpation was also noted. On 7-22-15, pain was rated as 8 of 10 without medication and 5 of 10 with medication. The injured worker had been using Voltaren gel since at least February 2015. On 9-6-15, the injured worker complained of neck pain radiating to bilateral shoulders left greater than right rated as 6.5 of 10 without medication and 5 of 10 with medication. On 9-24-15, the treating physician requested authorization for Voltaren Gel 1% #3. On 10-12-15 the requests 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:

Retro: Voltaren Gel 1%, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The patient presents on 10/09/15 with unrated left shoulder pain. The patient's date of injury is 04/14/02. The request is for RETRO: VOLTAREN GEL 1%, #3. The RFA was not provided. Progress note dated 10/09/15 does not include any comprehensive examination findings. The patient is currently prescribed Norco, Alprazolam, Docusate, Voltaren gel, and Lyrica. Patient's current work status is described as: "No activity" per 10/09/15 progress note. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antiinflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2- week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. About Voltaren gel for this patient's ongoing lower back, cervical spine, and left shoulder pain, this medication is not supported for this patient's chief complaint(s). This patient presents on 10/09/15 with complaints of left shoulder pain, not a peripheral joint complaint amenable to topical NSAIDs. There is also evidence that this patient complains of cervical spine and lumbar spine pain, per previous progress note dated 08/19/15. However, guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Per progress note dated 08/19/15, the patient is advised to apply this gel to "affected area." Without evidence that this medication is being utilized for a peripheral complaint, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.