

Case Number:	CM15-0205051		
Date Assigned:	10/22/2015	Date of Injury:	12/11/2004
Decision Date:	12/03/2015	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: 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 40 year old female, who sustained an industrial injury on 12-11-04. The injured worker is diagnosed with cervical spine degenerative disc disease, cervical radiculopathy and chronic pain syndrome. Her disability status is permanent and stationary. Notes dated 4-15-15 and 9-30-15 reveals the injured worker presented with complaints of neck pain and spasms and right shoulder and right hip pain. She experiences numbness and tingling in her right arm. Her pain is rated at 10 out of 10, but she reports it can be elevated to 12 out of 10 at times. She reports her tremors and full body spasms are increasing in frequency and resulting in falls. Physical examinations dated 4-15-15 and 9-30-15 revealed difficulty transitioning from a seated position and requires assistance to stand and walk due to spasms. There is moderate to severe tenderness over the cervical paraspinals, range of motion is limited and she has decreased sensation to light touch to the upper extremities (right greater than left). Treatment to date has included neck support, which decreases her pain and spasms per note dated 9-30-15, medications; MS Contin, Norco, Soma, Lyrica and Voltaren Gel (4-2015-provides additional pain relief for flare ups of pain) allows her to tolerate some daily activities; however, she is still limited per note dated 9-30-15 and an H-wave unit. Diagnostic studies include urine toxicology screen dated 4-15-15 was consistent with prescribed medications per note dated 9-30-15. A request for authorization dated 10-2-15 for Voltaren gel 1% #1 (30 day supply) is non-certified, per Utilization Review letter dated 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1 30 day supply: 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 MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics, including Voltaren gel, as a treatment modality. Topical analgesics are recommended as an option as indicated below. 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. Regarding the use of topical NSAIDs, such as Voltaren gel, the guidelines state the following: Non-steroidal anti-inflammatory agents (NSAIDs): 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. In this case the records provide insufficient evidence that the patient has received adequate trials of first-line agents. Further, topical NSAIDs are only recommended for short-term use. The records indicate that Voltaren gel is being used as a long-term treatment strategy. For these reasons, Voltaren gel is not medically necessary.