

Case Number:	CM15-0207002		
Date Assigned:	10/23/2015	Date of Injury:	06/03/2008
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina
 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:

This is a 48 year old female with a date of injury on 6-3-08. A review of the medical records indicates that the injured worker is undergoing treatment for head trauma, neck pain and migraines. Progress report dated 7-30-15 reports follow up for closed head trauma, neck pain and headaches. She is taking Axert and Ambien to help with sleep. She is having migraines more frequently and she states may be related to her neck. She has previously been advised to wear a collar. Objective findings are vital signs within normal limits. Medications include Axert, Ambien and Diazepam. MRI of the cervical spine 6-9-12 revealed multilevel degenerative disc disease and more recent cervical MRI (date not noted) reveals critical stenosis at C4-5 and C5-6. Treatments include medication, massage, physical therapy, and Botox. Request for authorization was made for Voltaren 1 Percent 300-Gram quantity 1 (per 9-24-15 order). Utilization review dated 10-9-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent 300 Gram #1: 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 California chronic pain medical treatment guidelines section on topical analgesics states: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) 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. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of neck pain/injury. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.