

Case Number:	CM15-0209461		
Date Assigned:	10/29/2015	Date of Injury:	05/23/1996
Decision Date:	12/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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, 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:

This is a 72 year old female patient who sustained an industrial injury on 5-23-1996. Diagnoses include lumbar disc rupture, torn medial meniscus, and sciatica. Per the Physician notes dated 8-13-2015, she had complaints of continued low back pain with weakness in the bilateral lower extremities, left shoulder pain with inability to lift the left upper extremity and numbness and pain in the bilateral hands and wrists. The physical examination revealed the patient brought in on a gurney with two assistants; bilateral positive Tinel's sign, "limited" left shoulder range of motion, local tenderness to the subacromial space, marked weakness in the bilateral lower extremities, inability to move the toes on the right, stand up or sit up in a wheelchair. The medications list includes Norco, Fentanyl patches, Celebrex, Neurontin, Transdermal pain medication and Lidocaine patches. Treatment has included oral and topical medications. Recommendations include Norco, Fentanyl patches, Celebrex, Neurontin, Transdermal pain medication, Lidocaine patches, and follow up in three months. Utilization Review denied a request for Voltaren gel on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, Day Supply: 30, Qty: 500, Refills: 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) Chapter: Pain (updated 12/02/15), Voltaren Gel (diclofenac).

Decision rationale: Request: Voltaren gel 1%, Day Supply: 30, Qty: 500, Refills: 2. The cited Guidelines regarding topical analgesics state, "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. Voltaren Gel 1% (diclofenac): 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 cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an antidepressant is not specified in the records provided. In addition, per the ODG cited above Voltaren gel is "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." Any intolerance or contraindication to oral medications is not specified in the records provided. Voltaren gel 1%, Day Supply: 30, Qty: 500, Refills: 2 is not medically necessary for this patient at this time.