

Case Number:	CM15-0209624		
Date Assigned:	10/28/2015	Date of Injury:	10/06/2003
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old male who sustained an industrial injury 10-06-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical disc protrusion, bilateral carpal tunnel syndrome, and lumbar spine disc bulge with left sided sciatica. Medical records (09-24-15) reveal the injured worker complains of pain in the neck, low back, and bilateral hands, which is not rated. The physical exam (09-24-15) reveals spasm about the trapezial areas, and point tenderness upon palpation of the cervical paraspinal region. Cervical range of motion is decreased. Spasms and point tenderness upon palpation of the paraspinals is also noted in the lumbar area. The injured worker complains of pain in the lower extremities with lumbar spine motion. Lumbar spine range of motion is diminished. Tenderness to palpation is present in the right hand scar. Sensation is decreased in the left posterior thigh and leg, as well as the left index and middle fingers. Prior treatment includes right carpal tunnel release, physical therapy, a right wrist brace, home exercise program and medications. The original utilization review (10-13-15) non certified the request for Voltaren gel 1% #500 with 3 refills. The documentation supports that he injured worker has been on Voltaren gel since at least 04-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 30 day supply, Qty 500 with 3 refills: 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: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. There was no documentation of osteoarthritis or tendinitis. The request is not medically necessary.