

Case Number:	CM15-0028205		
Date Assigned:	02/20/2015	Date of Injury:	05/23/2010
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii

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 43 year old male with an industrial injury dated 05/23/2010 when he was hit by a vehicle. His diagnoses include degeneration of the cervical intervertebral disc, and cervical post laminectomy syndrome. Recent diagnostic testing has included MRI of the lumbar spine (03/12/2014) showing a previous anterior spinal fusion at C4-C5, baseline congenital central canal stenosis from C3-C6 without evidence of foraminal canal narrowing. Previous treatments have included conservative care, medications, continue positive airway pressure (CPAP) machine, physical therapy, chiropractic treatments, acupuncture, and cervical epidural steroid injections. In a progress note dated 01/06/2015, the treating physician reports slightly worsening cervical pain due to the colder weather with a pain rating of as 8/10, lower neck pain radiating into the shoulder blades, and intermittent headaches. The objective examination revealed normal gait, normal posture, and pain behaviors within the expected context of disease. The treating physician is requesting Voltaren 1% topical gel which was denied by the utilization review. On 01/13/2015, Utilization Review non-certified a prescription for Voltaren 1% topical gel 100mg #2 tubes with 2 refills, noting that the guideline recommend against the use of topical non-steroid anti-inflammatory drugs (NSAIDs) for treatment of the spine. The MTUS Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of Voltaren 1% topical gel 100mg #2 tubes with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Topical Gel 100mg #2 tubes with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs Page(s): 67-68, 71, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic neck pain with pain into his shoulder blades with associated headaches. Prior cervical fusion at C4/5 is noted, but there is no dated noted for the fusion. The current request is for Voltaren 1% Topical Gel 100mg #2 tubes with 2 refills. The treating physician states, "Recommend Voltaren gel as topical alternative as patient states that a topical medication is very helpful for alleviation of pain." The MTUS Guidelines are specific that topical NSAIDS are, "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." MTUS does not support the usage of Voltaren gel for treatment of the spine or radicular pain. The current request is not medically necessary and the recommendation is for denial.