

Case Number:	CM15-0029286		
Date Assigned:	02/23/2015	Date of Injury:	07/02/2013
Decision Date:	04/07/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on July 2, 2013. The diagnoses have included cervicalgia. Treatment to date has included physical therapy, injections, TENS, chiropractic therapy and medications. Currently, the injured worker complains of ongoing pain in the shoulder, neck and low back. The pain radiates into the left upper extremity. He rates the pain an eight on a 10-point scale in the neck shoulders and lower back. On examination, the injured worker has limited cervical and lumbar spine range of motion. The upper extremities exhibit a decreased strength and decreased sensation. The Spurling test is positive on the left upper extremity and there are positive Tinel signs on the bilateral wrists. On February 2, 2015 Utilization Review non-certified a request for Voltaren gel diclofenac sodium topical gel 1%, noting that the guidelines do not recommend the use of topical NSAIDS and they should only be used for acute or subacute pain. The California Medical Treatment Utilization Schedule was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of voltaren gel diclofenac sodium topical gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 4mg 1% 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Page 111.

Decision rationale: Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren Gel (diclofenac sodium topical gel) 4mg 1% 5 tubes is not medically necessary.