

Case Number:	CM15-0218911		
Date Assigned:	11/13/2015	Date of Injury:	05/04/2000
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 5-4-00. The injured worker was diagnosed as having cervical spine multilevel discopathy; lumbosacral spine discopathy; psychiatric complaints; temporal mandibular joint complaint area; abdominal complaints. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker returns for a follow-up visit. The provider documents "Unfortunately, we have not progressed at all since the last time I saw her on 6-10-15, in terms of the plan. The patient wanted to go back to see the dentist for re-evaluation. Additionally, we did not follow-up regarding the request for pain management made on 4-14-15. Finally, there is no answer in regards to the updated MRI's of the cervical and lumbar spine from 2-24-15. The patient is no better. She continues to have frequent neck and back pain that radiate down the extremities. The patient did mention that she was hit by a car on 6-24-15. The patient is seeking treatment through her attorney with another physician." On physical examination, the provider notes "positive Spurling's and foraminal compression test on the left. Her foraminal compression test was negative on the right and Spurling's test causes numbness into the hand. The patient has positive straight leg raising signs bilaterally. She is using a cane." The provider indicates she is unable to take oral medications due to her history of "gastrointestinal bleeds". He has requested Voltaren gel and Flector patches for pain. PR-2 notes dated 6-2-15 indicate the same medications were prescribed for the same type medical documentation. A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 10-9-15 and non-certification for Voltaren gel 100gm 1 bottle with 2 refills and Flector patches 1 box with 2 refills. A request for authorization has been received for Voltaren gel 100gm 1 bottle with 2 refills and Flector patches 1 box with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm 1 bottle with 2 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) Diclofenac. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is 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. In this case, there is insufficient documentation in the medical record to support the diagnosis of osteoarthritis. In addition, the patient's pain is limited to the spine. There is no medical indication for the use of Voltaren. The request is not medically necessary and should not be authorized.

Flector patches 1 box with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch.

Decision rationale: Flector, the topical NSAID Diclofenac, is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. 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. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this case, there is insufficient documentation in the medical record to support the diagnosis of osteoarthritis. In addition, amount of medication requested is sufficient for duration greater than known limited duration (two weeks) of efficacy. The request is not medically necessary and should not be authorized.