MAXIMUS Federal Services

Case Number:	CM15-0036263		
Date Assigned:	03/04/2015	Date of Injury:	11/16/2004
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 70 year old female, who sustained a work/ industrial injury on 11/16/04. She has reported symptoms of ongoing left sided neck pain, cramping, and headaches reported as 4/10 with medication and 9/10 without. Prior medical history includes diabetic neuropathy, hypertension, hyperlipidemia, renal insufficiency, recent craniotomy due to aneurysm clipping and transient ischemic attack event with left sided paresis. The diagnoses have included cervical sprain/strain with underlying spondylosis and facet arthrosis. Treatments to date included medication and diagnostics. Diagnostics included Magnetic Resonance Imaging (MRI) revealed lobulated cyst at the anterior C1-2 facet representing arthritic change with rather severe facet arthrosis with disc protrusion at C6-7 flattening the spinal cord at this level. Medications included Flector patches and Lortab. Examination noted limited range of motion in the cervical spine in all planes and cervical compression creating neck pain that radiated to the left scapular region. Sensory loss was reported along the left lateral forearm and the deep tendon reflexes were diminished to a 1+ in the biceps, triceps, and brachioradialis. The physician requested Voltaren 1% gel and Flector Patch for pain management. On 2/11/15, Utilization Review non-certified a Voltaren 1% gel 100gm, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 2/11/15, Utilization Review non-certified Flector Patches 1.3% #60, citing the Official Disability Guidelines (ODG); Pain (Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Voltaren (Diclofenac) (Recommended For OA). MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for neck. As such, the request for Voltaren gel is not medically necessary.

Flector Patches 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." NSAIDs (RECOMMMENDED in OA/tendinitis, Not Recommended For Neuro) MTUS states regarding topical NSAIDs, "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. Neuropathic pain: Not recommended as there is no evidence to support use." Flector patches are topical diclofenac which is an NSAID. The treatment area would be the neck. As such, the request for Flector Patches 1.3% #60 is not medically necessary.