

Case Number:	CM15-0040924		
Date Assigned:	03/11/2015	Date of Injury:	04/18/2012
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 4/18/2012. She reported right shoulder and right ankle injuries. She was diagnosed as having right wrist sprain, right shoulder pain and rule out radiculopathy or neuropathy right upper extremity. Treatment to date has included EMG (electromyography)/NCS (nerve conduction studies), magnetic resonance imaging (MRI), medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/04/2015, the injured worker reported right shoulder and right wrist pain. Physical examination revealed positive impingement signs, tender SA space and restricted range of motion of the right shoulder. There was right wrist tenderness at the FCR border. The plan of care included medications, occupational therapy and follow up care. Authorization was requested on 2/16/2015 for Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, she was recommended Voltaren gel many months prior to this request, although it was not clear how the worker used this medication, and there was no complete review found in the notes provided for review of its effects on the worker's overall function or pain level, which would be required before considering a continuation. Therefore, based on the lack of supportive evidence of benefit with prior use found in the notes provided, the Voltaren gel will be considered medically unnecessary at this time.