

Case Number:	CM15-0041552		
Date Assigned:	03/11/2015	Date of Injury:	04/19/2004
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female who reported injury on 04/19/2004. The mechanism of injury was not provided. Diagnoses included C5-7 disc herniation, right C6-7 radiculopathy, and spondylosis at C3-7, fibromyalgia and status post ACDF at C5-7. The injured worker's medications were noted to include Percocet 7.5/325 mg, Duexis, Voltaren gel, lamotrigine, Effexor, clonazepam, Imitrex, Lidoderm patches, Lunesta, and promethazine. The injured worker was noted to undergo carpal tunnel releases x2. There was a Request for Authorization submitted for review dated 01/28/2015. The request was per the pharmacy. The documentation of 11/26/2014 revealed the injured worker had neck pain and was having headaches; however, she was no longer requiring Botox injections for the headaches. The injured worker's pain was noted to be reduced by more than 50% when using Percocet 7.5/325 mg and the injured worker was averaging 4 tablets per day. The injured worker was utilizing Flexeril 10 mg once daily for muscle spasms. The injured worker complained of right upper and right lower extremity tremors. The cervical range of motion was limited in all planes and there was cervical paraspinal muscle tenderness and bilateral upper trapezius muscle tenderness that was mild. The treatment plan included a refill of Percocet 7.5/325 mg 1 tablet every 6 hours as needed for pain and a follow-up with an orthopedic surgeon. The documentation of 01/05/2015 revealed the injured worker had complaints of neck pain. The neck pain was worsened with forward flexion and the pain radiated down the right arm. Physical examination revealed diffuse tenderness over the cervical paraspinal muscles. Sensation to light touch was decreased in a diffuse non-dermatomal pattern from the top of the shoulders to the hands. Reflexes were 1+ in the triceps, biceps and

brachial radialis. The injured worker underwent an MRI of the cervical spine and x-rays. The treatment plan included a refill of Voltaren gel and continuing weaning Percocet. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% for 30 days AAA qid prn pain #1 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the body part to be treated. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Voltaren gel 1% for 30 days AAA qid prn pain #1 x 2 refills is not medically necessary.