

Case Number:	CM15-0046930		
Date Assigned:	03/19/2015	Date of Injury:	08/07/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 was a 55-year-old female, who sustained an industrial injury, August 7, 2009. The injured worker previously received the following treatments Celebrex, Cyclo-benzaprine, urine toxicology, cervical spine MRI, MRI left foot, acupuncture 12 sessions and x-rays of cervical spine. The injured worker was diagnosed with cervical facet syndrome, cervical pain, spasms of muscle and moderate C5-C6 degenerative disc disease. According to progress note of February 12, 2015, the injured workers chief complaint was right sided neck pain. The pain was increased since last visit. The injured worker rated the pain at 5 out of 10 with pain medication and 9 out of 10 without pain medication; 1 being least amount pain and 10 being worse pain. The injured worker was having poor quality of sleep. The treatment plan included prescription for Voltaren 1% gel with one refill on March 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Voltaren 1% gel with 1 refill: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with right sided neck pain rated at 5/10 with and 9/10 without medications. The request is for two VOLTAREN 7% GEL WITH 1 REFILL. The request for authorization is dated 03/02/15. At this time, pain is axial and there is no evidence of radiculopathy. The patient is having difficulty sleeping due to neck stiffness and pain. She has been treated in the past with physical therapy and some type of spinal injections. She is not trying any other therapies for pain relief. Patient has completed 12 sessions of acupuncture and reports it was helpful. Patient's medications include Celebrex and Cyclobenzaprine. Patient is working full-time. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality 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." Per progress report dated, 02/12/15, treater's reason for the request is the "Patient is requesting a topical pain medication as she is using Celebrex from a different case sparingly." In this case, it appears the treater is initiating a trial of Voltaren gel for the patient's symptoms. However, the patient does not present with peripheral joint arthritis/tendinitis or osteoarthritis for which a NSAID lotion would be indicated. The patient has neck pain. The request IS NOT medically necessary.