

Case Number:	CM15-0047272		
Date Assigned:	03/19/2015	Date of Injury:	09/28/2012
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 34-year-old female patient who sustained an industrial injury on 09/28/2012. A pain management follow up visit dated 02/02/2015, reported the patient unable to obtain her medication Voltaren as it has been denied. She is currently prescribed Voltaren gel. The diagnostic impression noted possible depressive disorder, myofascial restrictions in the shoulder and reflex sympathetic dystrophy of right arm. The plan of care involved continue appeal for HELP program, Voltaren gel, remain temporary total disabled and return in 6 weeks. A HELP visit dated 10/13/2014 reported the patient with complex regional pain syndrome and denial of 80 hours of program time. Of note, she has stopped utilizing Ibuprophen and Amitriptyline secondary to inducing sleep. Anticonvulsants noted discussed with the patient unreceptive secondary to fear of side effects. She is unable to work. An AME visit dated 10/13/2014 reported the initial evaluation noted bilateral carpal tunnel syndrome, electro-diagnostic study consistent. She is with an ongoing problem with positive findings of which a re-release would be reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren (Diclofenac Sodium) 1 Percent Topical Gel 100 Gram Tube #1 with 2 Refills:
Upheld

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

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 recommend 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." MTUS specifically states for Voltaren Gel 1% (Diclofenac) that 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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Medical documentation indicates this patient is being treated for shoulder pain, which Diclofenac is not recommended. As such, the request for Voltaren (Diclofenac Sodium) 1 Percent Topical Gel 100 Gram Tube #1 with 2 Refills is not medically necessary.