

Case Number:	CM15-0051338		
Date Assigned:	03/24/2015	Date of Injury:	11/30/2005
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old female who sustained an industrial injury on November 30, 2005. She has reported pain in the neck and shoulders and has been diagnosed with myofascial sprain and strain of cervical spine, degenerative disc disease of cervical spine, and bursitis of the shoulder. Treatment has included medication, physical therapy, and acupuncture. Currently the injured worker had tenderness of the cervical spine and paraspinal muscle with muscle stiffness. The treatment request included 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%: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because

benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and upper back that went into the arms and headaches. There was no discussion detailing improved pain intensity or function with this medication or suggesting special circumstances that sufficiently supported this request. Further, these records indicated the worker had been taking this medication for at least several months, and the request was made for an indefinite supply, which would not account for changes in the worker's needs. For these reasons, the current request for an indefinite supply of Voltaren (diclofenac) 1% gel is not medically necessary.