MAXIMUS Federal Services

Case Number:	CM15-0054037		
Date Assigned:	03/27/2015	Date of Injury:	07/10/2014
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
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 65-year-old female, who sustained an industrial injury, July 10, 2014. The injured worker suffered a gunshot wounds to bilateral arms in the triceps area during a robbery at the injured worker place of employment. The injured worker previously received the following treatments Gabapentin, x-rays, laboratory studies, Percocet, Paxil, left knee MRI, ice and heat, aqua therapy, physical therapy, Ketamine 5% cream, Gabapentin and Voltaren Gel 1%. The injured worker was diagnosed with posttraumatic stress disorder, gunshot wounds to the bilateral upper extremities, major depressive disorder, and psychological factors affecting physical condition, muscle spasms of bilateral upper extremities, neck sprain/strain, left knee contusion and left ear tinnitus. According to progress note of January 21, 2015, the injured workers chief complaint was sleep disturbances, depression, anxiety and chronic pain. The injured worker was gaining strength and endurance with activities. The injured worker was improving with physical and aqua therapies. The pain continued to be aggravated by household activities, such as, vacuuming and carrying heavy items. The physical exam of January 5, 2015 noted decreased tolerance of shoulder flexion. The right arm had tinging with palpation in the right rotator cuff and scapular region and left proximal triceps region. There was decreased strength bilaterally to the upper extremities. The treatment plan included a prescription for Voltaren Gel after being given samples by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/08/14) Voltaren gel 1% #20gm #2: Upheld

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

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

Decision rationale: The patient presents with gunshot wounds to bilateral arms in the triceps area. The current request is for: Retrospective (DOS 12/08/14 Voltaren gel 1% #20gm #2. The treating physician states, in a report dated 12/08/14, "[The patient] states she did have some Voltaren gel left over that she purchased on a trip to Australia where the medication is available over-the-counter. She states she applied it to her arms, and did notice a decrease in pain for a few hours following application." (21C) The MTUS guidelines state, "Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): 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." In this case, the treating physician has failed to document any osteoarthritis in the arms, where the Voltaren gel is being applied. Voltaren is not recommended for neuropathic pain and so the current request is not medically necessary and the recommendation is for denial.