

Case Number:	CM15-0055057		
Date Assigned:	03/30/2015	Date of Injury:	03/20/1997
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
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: 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 an 82-year-old female, who sustained an industrial injury on 3/20/1997. Diagnoses include cervicalgia, status post cervical surgery (undated), cervical facet arthropathy, cervical disc disease displaced fracture, cervical radiculopathy, wrist pain, carpal tunnel release (undated) and osteoarthritis bilateral hands. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), chiropractic care, surgical intervention and medications. Per the Pain Center Progress Report dated 2/27/2015 the injured worker, reported chronic cervical pain and upper extremity radiculopathy rated as 7-8/10. She reports a stiff neck with shooting electrical sensation through the left upper extremity. She continues to have pain and numbness in both hands. Physical examination revealed symmetric musculature bilaterally, bicep, tricep and brachioradialis reflexes diminished on the left side. Radial pulse 2+ bilaterally, capillary refill less than 2 seconds. There was edema, greater to the right side, with swelling over the PIP joints on the right hand, second finger joint greatest, there was decreased pinprick sensation to C5, 6, 7 and 8 distributions. There was tenderness to palpation over the scaphoid lunate junction consistent with osteoarthritis. The plan of care included medications and authorization was requested for 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%, #100 grams with 3 refills, apply to affective area every 6-8 hours:
Overturned

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

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 indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for bilateral hands and wrists. As such, the request for Voltaren gel 1%, #100 grams with 3 refills, apply to affective area every 6-8 hours is medically necessary.