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| Case Number: | CM15-0087232 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 05/30/2013 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 05/30/2013. He reported sustaining work related injuries to the neck and left shoulder. The injured worker was diagnosed as having status post left shoulder rotator cuff repair on 03/11/2015, cervical disc disease, and left cervical six radiculopathy. Treatment and diagnostic studies to date has included physical therapy, use of a shoulder sling, magnetic resonance imaging of the cervical spine, Toradol injections, and a medication regimen. In a progress note dated 04/01/2015 the treating physician reports limited cervical range of motion, tenderness and spasms to the cervical paraspinal musculature, trapezius muscles, and the rhomboid muscles, along with a diminished sensation along the cervical six and seven distribution. Documentation from 01/12/2015 noted a medication regimen of Zanaflex, Celebrex, and Norco, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of these medications and after use of these medications to indicate the effects of this medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of above listed medication regimen. The treating physician requested the medication Voltaren gel 1% with a quantity of 5 tubes noting for use for sleep and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, apply 4mgs 4 times a day as needed, #5 tubes: 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 section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% apply four times a day as needed #5 tubes is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself 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 injured worker's working diagnoses are s/p left shoulder rotator cuff repair; cervical disc disease; and left C6 radiculopathy. The treating provider prescribed Voltaren gel for pain. Voltaren gel is recommended for relief of osteoarthritis pain in the joint that lends itself to topical treatment. The subjective section of the April 1, 2015 progress note states the injured worker is present to discuss treatment options for his neck. There is no documentation of osteoarthritis in the neck. There is no documentation failed first-line treatment with antidepressants and anti-convulsants. Consequently, absent clinical documentation of osteoarthritis in a joint that lends itself to topical treatment, evidence of first-line treatment failure with antidepressants and anticonvulsants, Voltaren (Diclofenac) gel 1% apply for times a day as needed #5 tubes is not medically necessary.