

Case Number:	CM14-0124498		
Date Assigned:	09/16/2014	Date of Injury:	07/27/2012
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female injured on 07/27/12 due to cumulative trauma resulting in neck pain, low back pain, and right upper extremity pain. Treatment to date included rest, medication management, physical therapy, chiropractic therapy, acupuncture, and multiple trigger point injections. Diagnoses included shoulder pain, neck pain, degeneration of lumbar intervertebral disc, and degeneration of cervical intervertebral disc. Clinical note dated 07/08/14 indicated the injured worker presented complaining of right shoulder pain and bilateral neck pain. The injured worker requested prescription for Voltaren gel. The injured worker rated pain 4-8/10 with variable intensity and associated stiffness of the neck, spasm, loss of motor control upper extremities, heaviness of the arms, interference with sleep, and anxiety. The injured worker required moderate assistance from others with activities of daily living including housekeeping. Prior trigger point injections provided no improvement in pain relief. Tylenol provided mild improvement; Voltaren gel and Flector patches provided moderate improvement. No physical examination findings were provided. The initial request was noncertified on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% Day Supply: 30 Qty: 60 x 3 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector DIS 1.3 percent thirty day supply sixty with three refills cannot be recommended as medically necessary at this time.

Voltaren Gel 1% Day Supply: 16 Qty: 500 Refills x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren gel (diclofenac) is not recommended as a first line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such the request for Voltaren Gel 1 percent sixteen day supply quantity of 500 with three refills cannot be recommended as medically necessary at this time.