

Case Number:	CM14-0127447		
Date Assigned:	08/15/2014	Date of Injury:	02/08/1999
Decision Date:	09/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 52 year old female who reported an injury on 02/08/1999; the mechanism of injury was not indicated. The injured worker had diagnoses including lumbar degenerative joint disease, cervical degenerative joint disease and carpal tunnel. Prior treatment included a total of 12 visits of physical therapy. Diagnostic studies included an MRI of the cervical spine, an MRI of the lumbar spine on 04/09/2014, an MRI of the cervical spine without contrast and an MRI of the lumbar spine without contrast 04/03/2014. The injured worker underwent a bilateral carpal tunnel release in 2005. The injured worker complained of persistent pain in the left side of the back that radiated into her left hips and down her left leg. The injured worker rated her back pain at 8/10 during the office visit. The injured worker stated with medications her back pain was rated 5/10 and without pain medications it was rated 10/10. The clinical note dated 07/15/2014 noted the injured worker reported neck range was mildly limited in all planes. The injured worker can rotate right to left about 60 degrees, flex extend 10 degrees. Cervical compression caused neck pain, but did not radiate. Motor strength, sensation, and deep tendon reflexes were grossly intact in the upper extremities. Medications included voltaren gel 1% apply 2g 4 times daily for myofascial pain, Tramadol 50mg tablets 1-2 every 6 hours as need serve pain only, limit 4 per day, over the counter tylenol extra strength tablets 2 every 6 hours as needed, ibuprofen 400mg 3 times a day as needed for pain and inflammation. The treatment plan included a request for an refill voltaren gel 1% 100g for myofascial pain. The rationale for the request was for pain relief. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Voltaren gel 1% 100g tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

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

Decision rationale: The request for Voltaren gel 1% 100g tube is not medically necessary. The injured worker reported persisting pain in the left side of the back that radiated to her left hip and down her left leg. She rated her back pain 8/10 during office visit and stated with medications her back pain is 5/10 and without pain medications 10/10. The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Based on the physical examination 07/14/2014 there was no indication that the injured worker received good symptoms relief from the use of the Voltaren gel. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for Voltaren gen 1% 100g tube is not medically necessary.