

Case Number:	CM14-0128229		
Date Assigned:	09/16/2014	Date of Injury:	11/15/2012
Decision Date:	11/20/2014	UR Denial Date:	08/01/2014
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 Family Medicine and is licensed to practice in New Jersey and New York. 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 55 year-old female who was injured on 11/15/12 after falling from the top of a machine, landing on the right side of her back and head. She complained of pain in the neck and from knees to feet. On exam, she had a tender neck, full range of motion of her shoulders, tender posterior legs, and tender bilateral deltoids. Electrodiagnostic studies showed bilateral C6, C7, L5-S1 radiculopathies. A cervical MRI showed C5-6 and C6-7 protrusions, C2-3, C3-4, and C4-5 annular bulges. Lumbar MRI showed L5-S1 spondylosis with protrusion, foraminal stenosis, and L4-5 disc bulge with facet arthrosis. She was diagnosed with lumbosacral sprain/strain, knee sprain/strain, elbow sprain/strain, and cervical sprain/strain. Her treatment included physical therapy and medication management with opioids, tylenol, savella, and volaren gel. The current request is for voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% qid #500gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical non-steroidal anti-inflammatory drugs (NSAIDs) has shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The patient has had chronic neck, back, elbow, and shoulder pain and was using Voltaren longer than two weeks. It is recommended only for short-term use. It is not recommended for neuropathic pain. Topical NSAIDs are not superior to oral NSAIDs and there was no documentation that the patient could not tolerate oral NSAIDs. Therefore, the request is considered not medically necessary.