

Case Number:	CM14-0180661		
Date Assigned:	11/05/2014	Date of Injury:	02/04/2002
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 patient is an injured worker who is status post cervical spine surgery. Date of injury was 02-04-2002. Qualified medical evaluation report dated April 16, 2014 documented the history of injury. The patient was injured on February 4, 2002, when the patient stepped out of his tractor and his foot got caught on a graded decking of the truck which caused him to fall forward. He reached back to grab hold of a handle with the right hand and found himself hanging from the truck in that position for a couple of seconds. Cervical spine surgery was performed May 2013 and March 2012. Left shoulder surgery was performed May 2004. Primary treating physician's progress report dated September 22, 2014 documented subjective complaints of neck pain referred to the base of his neck and the back of his occiput. Physical examination was documented. He has good range of motion of his head and neck. No Spurting sign. No one area of focal tenderness. No motor or sensory deficits in the upper arms at this time. Magnetic resonance imaging and computed tomography demonstrated a solid arthrodesis from C3 to C7 with anterior hardware at C5 to C7. There appears to be good intervening bone through the grafts around the interbody spacers. The posterior hardware is in good position. There no signs of hardware failure or loosening. The disk levels are intact without evidence of significant disk protrusion or degenerative changes at C2-3 or C7-T1. Diagnosis was remote cervical spine fusion surgery from C3 TO C7. Treatment plan included Diclofenac gel. The patient is permanent and stationary restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document that the patient is status post cervical spine surgery. Voltaren (Diclofenac), a topical NSAID product, was requested. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which is recommended for NSAID use per MTUS. Medical records do not present recent blood pressure measurements, which is recommended for NSAID use per MTUS. The use of Voltaren (Diclofenac) topical is not supported by MTUS guidelines. Therefore, the request for Voltaren gel 1% #100 is not medically necessary.