

Case Number:	CM14-0093440		
Date Assigned:	07/25/2014	Date of Injury:	02/28/2012
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 54-year-old male with a reported date of injury of 02/28/2012. The mechanism of injury was noted to be due to repetitive motion. His diagnoses are noted to include neck pain, bilateral upper extremity repetitive injury, bilateral shoulder tendinitis, bilateral shoulder impingement, bilateral wrist tendinitis, bilateral De Quervain's, bilateral medial epicondylitis, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. His previous treatments were noted to include medications, physical therapy and steroid injections. The progress note dated 07/02/2014, revealed complaints of bilateral shoulder pain, elbow pain, forearm pain, wrist and upper extremity pain. The injured worker reported increased bilateral shoulder pain rated 7/10. The physical examination revealed tenderness upon palpation to the bilateral wrists, bilateral medial epicondyles and bilateral shoulders. The bilateral upper extremity ranges of motion were restricted by pain in all directions. The shoulders, elbow and wrist ranges of motions were restricted by pain in all directions. The bilateral shoulders revealed positive impingement signs, Neer's and Hawkin's. The muscle stretch reflexes were 1 symmetric bilaterally in all limbs and muscle strength was rated 5/5 in all limbs. The progress note dated 07/29/2014 revealed complaints of bilateral shoulder pain, elbow pain, forearm pain, wrist and upper extremity pain. The injured worker reported increased bilateral shoulder pain. The physical examination revealed tenderness upon palpation of the bilateral wrists, bilateral medial epicondyles and bilateral shoulders. The bilateral upper extremity ranges of motions were restricted by pain in all directions. The bilateral shoulders had a positive impingement, Neer's and Hawkin's. The muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Muscle strength was rated 5/5 in all limbs. The Request for Authorization form dated 07/03/2014 was for Voltaren gel #3 100 g tubes for carpal tunnel syndrome and bilateral cubital tunnel syndrome, bilateral wrist tendinitis and bilateral shoulder impingement tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #3-100g tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Voltaren gel #3-100 g tubes is not medically necessary. The injured worker has been utilizing the medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical non-steroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guidelines indications for topical NSAIDs are 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 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The Food and Drug Administration (FDA) approved agent, such as Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for the treatment of the spine, hip or shoulder. There is lack of documentation regarding osteoarthritis to warrant topical NSAID. There is lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.