

Case Number:	CM14-0210191		
Date Assigned:	12/23/2014	Date of Injury:	05/02/2008
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 a 61-year-old male who sustained an industrial injury on May 2, 2008. Mode of injury is noted as repetitive overhead work. The patient is status post cervical fusion. The patient was seen on September 26, 2014 at which time he complained of neck pain and constant numbness in the thumbs. Pain with medications is rated 3-4/10. Physical examination revealed good cervical range of motion, bilateral trapezius tension and tenderness, and negative Spurling's. Neurologic examination revealed dysesthesia of thumbs and index fingers. The patient is diagnosed with postsurgical arthrodesis status, post laminectomy syndrome cervical region, cervicgia, brachial neuritis all radiculitis, degeneration of cervical intervertebral disc, cervical facet joint pain, medication induced gastroesophageal reflux disease, drug induced constipation, disturbance of skin sensation, and chronic pain syndrome. The patient's medications consists of omeprazole 20 mg one per day, Voltaren gel apply to neck twice daily, Celebrex 200 mg one per day, and Soma 350 mg one two times a day as needed for muscle spasm. Utilization review was performed on November 26, 2014 at which time the request for Voltaren gel was non-certified. The MTUS guidelines were referenced and it was noted that Voltaren gel is not indicated for the spine and in this case Voltaren gel was to be used for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 6 containers of Voltaren Gel 1% 100 grams between 12/16/2013 and 5/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel (diclofenac), Diclofenac.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, FDA-approved agent Voltaren Gel 1% (diclofenac) 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 treatment of the spine, hip or shoulder. In this case, the patient is using Voltaren gel for the cervical spine. Furthermore, per ODG, Diclofenac is not recommended as first line due to increased risk profile. It should be noted that the patient is already being prescribed Celebrex which is also an anti-inflammatory medication. ODG further states that per FDA 2011, surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. The retrospective request for Voltaren gel is therefore not medically necessary.

Retrospective request for 2 containers of Voltaren Gel 1% 400 grams between 5/13/2014 and 6/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel (diclofenac), Diclofenac.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, FDA-approved agent Voltaren Gel 1% (diclofenac) 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 treatment of the spine, hip or shoulder. In this case, the patient is using Voltaren gel for the cervical spine. Furthermore, per ODG, Diclofenac is not recommended as first line due to increased risk profile. It should be noted that the patient is already being prescribed Celebrex which is also an anti-inflammatory medication. ODG further states that per FDA 2011, surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. The retrospective request for Voltaren gel is therefore not medically necessary.

Retrospective request for 1 container of Voltaren Gel 1% 300 grams between 6/25/2014 and 6/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel (diclofenac), Diclofenac.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, FDA-approved agent Voltaren Gel 1% (diclofenac) 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 treatment of the spine, hip or shoulder. In this case, the patient is using Voltaren gel for the cervical spine. Furthermore, per ODG, Diclofenac is not recommended as first line due to increased risk profile. It should be noted that the patient is already being prescribed Celebrex which is also an anti-inflammatory medication. ODG further states that per FDA 2011, surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. The retrospective request for Voltaren gel is therefore not medically necessary.

Retrospective request for 2 containers of Voltaren Gel 1% 400 grams between 10/20/2014 and 10/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Pain Chapter, Voltaren® Gel (diclofenac), Diclofenac.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, FDA-approved agent Voltaren Gel 1% (diclofenac) 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 treatment of the spine, hip or shoulder. In this case, the patient is using Voltaren gel for the cervical spine. Furthermore, per ODG, Diclofenac is not recommended as first line due to increased risk profile. It should be noted that the patient is already being prescribed Celebrex which is also an anti-inflammatory medication. ODG further states that per FDA 2011, surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. The retrospective request for Voltaren gel is therefore not medically necessary.