

Case Number:	CM14-0213005		
Date Assigned:	12/30/2014	Date of Injury:	04/15/2014
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 4/15/14 while employed by [REDACTED]. Request(s) under consideration include Voltaren Gel x 3 tubes. Diagnoses include Right Elbow and Shoulder pain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Reports of 10/22/14 and 11/26/14 from the provider noted continued right elbow pain rated at 5-6/10 with associated numbness and tingling in right hand; lumbar spine pain rated at 8/10 radiating to legs with numbness and tingling and right shoulder pain at 4/10 radiating to biceps. Exam showed unchanged findings of elbow tenderness at lateral epicondyle with limited range; lumbar spine and right shoulder with limited range. Treatment plan remained unchanged with medications and modified restrictions. The request(s) for Voltaren Gel x 3 tubes was non-certified on 12/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel x 3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics Page(s): 22, 111-113.

Decision rationale: This patient sustained an injury on 4/15/14 while employed by [REDACTED]. Request(s) under consideration include Voltaren Gel x 3 tubes. Diagnoses include Right Elbow and Shoulder pain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Reports of 10/22/14 and 11/26/14 from the provider noted continued right elbow pain rated at 5-6/10 with associated numbness and tingling in right hand; lumbar spine pain rated at 8/10 radiating to legs with numbness and tingling and right shoulder pain at 4/10 radiating to biceps. Exam showed unchanged findings of elbow tenderness at lateral epicondyle with limited range; lumbar spine and right shoulder with limited range. Treatment plan remained unchanged with medications and modified restrictions. The request(s) for Voltaren Gel x 3 tubes was non-certified on 12/4/14. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted continued low back radicular pain with multiple joint pain in the elbow and shoulder. Diagnoses include right elbow pain; lumbar sprain/strain. Listed diagnoses do not include joint osteoarthritis. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. There is no documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient with non-joint osteoarthritis. The Voltaren Gel x 3 tubes is not medically necessary and appropriate.