

Case Number:	CM14-0215531		
Date Assigned:	01/05/2015	Date of Injury:	02/25/2006
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 47-year-old woman with a date of injury of 02/25/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/04/2014 and 11/26/2014 indicated the worker was experiencing pain in the upper back, lower back that went into the right leg, and the limbs. Documented examinations consistently described tenderness in the upper back with muscle stiffness, positive compression testing, positive Phalen's and Tinel's signs involving both wrists, and decreased sensation along the path of both median nerves. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain/sprain, right shoulder strain/sprain, anxiety and depression, and carpal tunnel syndrome or cervical radiculopathy involving both arms. Treatment recommendations included oral medications, a topical medication applied to the back/neck, a nerve conduction study, modified activities, physical therapy, urinary drug screen testing, consultation with rheumatology, follow up care, and MRI of the right shoulder and upper back. A Utilization Review decision was rendered on 11/25/2014 recommending non-certification for 100g of Voltaren (diclofenac) 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% # 100gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page(s) 111-113.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain/sprain, right shoulder strain/sprain, anxiety and depression, and carpal tunnel syndrome or cervical radiculopathy involving both arms. These records reported diclofenac gel was to be used on the neck and back. There was no discussion suggesting special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 100g of Voltaren (diclofenac) 1% gel is not medically necessary.