

Case Number:	CM14-0216413		
Date Assigned:	01/06/2015	Date of Injury:	07/26/2006
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 67-year-old woman who sustained a work-related injury on July 26, 2006. Subsequently, the patient developed neck and low back pain. According to a follow-up report dated November 3, 2014, the patient reported that her neck has been in a lot of pain and was radiating down to both shoulders and left arm. She has been using Motrin, Voltaren gel, and heat without good effect. The pain in the left arm was traveling down the posterolateral aspect down to the wrist, and fingers. The patient indicated an area of pain around T2. She stated she has had 3 TPI's in the past and was not interested in repeating. Examination of the cervical spine revealed full range of motion in flexion and extension but decreased in lateral rotation and lateral bending with an increase in concordant pain in lateral planes. Motor strength was 5/5 bilateral upper extremities. Sensation was normal to light touch, pinprick and temperature along all dermatomes bilateral upper extremities. Deep tendon reflexes were 1+ triceps, bilateral biceps 1+, and 1+ brachioradialis in the left upper extremity. Positive for facet loading pain. Examination of the lumbar spine revealed full range of motion with flexion, extension, and lateral rotation but lateral bending was decreased with an increase in concordant pain in lateral planes. Motor strength was 4/5 right lower extremity. sensation was decreased to light touch along L4 and L5 dermatomes right lower extremity. The patient was diagnosed with cervical disc with radiculitis, degeneration of lumbar disc, shoulder pain, and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN TOPICAL GEL 1% 2G WITH 1 REFILL: 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 Page(s): 111.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for neck or back pain.