MAXIMUS Federal Services

Case Number:	CM15-0011533		
Date Assigned:	01/29/2015	Date of Injury:	01/01/2004
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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 & Rehabilitation

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 61 year old female, who sustained a cumulative trauma industrial injury dating 07/01/2004-07/20/2012. The diagnoses have included shoulder joint pain, degenerative of cervical intervertebral disc, cervical post-laminectomy syndrome, neck pain, and wristdrop. Treatments to date have included cervical fusion, physical therapy, daily range of motion exercises, and medications. Diagnostics to date have included MRI of the cervical spine on 08/27/2013 which showed multilevel loss of disc height and desiccation and anterior fusion was solid at C5-6 and lumbar study on the same date showed multilevel loss of disc height and desiccation. Another neck MRI carried out on 02/10/2014 showed the C5-6 fusion, a bulge at C4-5, and a bulge and mild foraminal narrowing at C6 and a 2mm centrally protruding disc at T1. In a progress note dated 01/09/2015, the injured worker presented with complaints of headache, neck pain, torticollis with spasm, and left upper extremity numbness in the entire extremity. The treating physician reported that over the counter Advil and Lidoderm patches have been ineffective. Utilization Review determination on 01/14/2015 non-certified the request for Voltaren gel 1% 100 grams #2 with 1 refill citing California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100grams #2 x 1 refill: Upheld

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

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

Decision rationale: This patient presents with neck pain, headaches, torticollis with spasm and left upper extremity numbness. the current request is for VOLTAREN 1% GEL 100 GRAMS #12 X1 REFILL. The MTUS Guidelines states, "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amendable to topical treatment, recommended for short-term use for 12 weeks." In this case, the patient does not meet the indication for this medication, as she suffers from neck, back and shoulder complaints.Topical NSAID is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. There is little evidence to utilize topical NSAID for treatment of osteoarthritis of the spine, hip or shoulder. The requested Voltaren gel IS NOT medically necessary.