

Case Number:	CM15-0111806		
Date Assigned:	06/18/2015	Date of Injury:	04/17/2009
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, 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 injured worker is a 60 year old female, who sustained an industrial injury on 4/17/09. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus; right shoulder impingement; lateral epicondylitis gastritis medicamentosa; hypertension under control; status post aortic aneurysm repair; over use injury right shoulder and both wrists. Treatment to date has included chiropractic treatment; acupuncture; TENS unit; medications. Diagnostics included MRI cervical spine without contrast (12/23/14). Currently, the PR-2 notes dated 2/4/15 indicated the injured worker complains of that in the course of rehabilitating herself, she injured her left knee about one month ago and because of that she has not been able to exercise at all now. She states that the orthopedist wanted to get an MRI as the initial x-ray showed nothing untoward. She is uncomfortable with her knee and is rubbing it during the examination. She notes that she was given copentoprazole after a GI endoscopy and that was more effective than omeprazole. She wants to continue using it, otherwise, she has immediate pain in the mid epigastric area. A MRI cervical spine impression of 12/24/14 notes mild degenerative changes of the cervical spine. The provider has requested authorization of Soma 350mg #30 and Voltaren gel 1% 100gms.

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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have the above diagnoses and indication for use or response was not noted. The Voltaren gel as requested is not medically necessary.