

Case Number:	CM15-0121082		
Date Assigned:	07/01/2015	Date of Injury:	02/04/2012
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 31 year old female with an industrial injury dated 02/24/2012. The mechanism of injury is documented as lifting about 50 pounds of dishes out of the dishwasher resulting in back pain. Her diagnoses included thoracic back pain, thoracic sprain and strain and trapezius strain. Prior treatment included home exercise program, medications, physical therapy and chiropractic treatment. She presents on 03/05/2015 (most recent record available for review) for follow up of upper back injury. She was complaining of an exacerbation of back pain and spasm. MRI of thoracic spine dated 03/09/2013 revealed degenerative disc disease at thoracic 5-6 with a 2 mm disc protrusion as documented by provider. The formal report is not in the submitted records. Her pain had improved from 4-8/10 to 4-5/10. The pain is described as aching with intermittent sharp pain with radiation to her left trapezial muscle. Physical exam revealed mild tenderness and spasm of the paraspinal musculature at the level of left thoracic 1 to thoracic 10 with decreased range of motion. There was mild tenderness and spasm of left trapezial muscle. Work status is modified duty. The treatment request is for Voltaren 1% transdermal gel (apply to upper extremities 2 gm of gel to affected area 4 times daily) 100 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% transdermal gel (apply to upper extremities 2gm of gel to affected area 4 times daily), 100gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% transdermal gel (apply to upper extremities 2 g to affected area QID) 100 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are thoracic back pain; thoracic sprain strain; and trapezius strain. The date of injury was February 24, 2012. The request for authorization is dated June 8, 2015. The most recent progress note in the medical records dated March 5, 2015. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. The available documentation available for review shows a psychiatric progress note dated September 12, 2014. The treating psychiatrist started Voltaren gel 1% at that time. The most recent progress note dated March 5, 2015 does not contain a clinical discussion, clinical indication, clinical rationale or objective functional improvement to continue Voltaren gel. Utilization review references a June 5, 2015 progress note. The documentation does not contain details regarding upper extremity pain. Additionally, there is no documented contraindication to oral non-steroidal anti-inflammatory drug use. Consequently, absent contemporary clinical documentation with the clinical discussion, indication, rationale and evidence of objective functional improvement to support ongoing Voltaren gel 1%, Voltaren (Diclofenac) gel 1% transdermal gel (apply to upper extremities 2 g to affected area QID) 100 g is not medically necessary.