MAXIMUS Federal Services

Case Number:	CM15-0128907		
Date Assigned:	07/15/2015	Date of Injury:	09/18/2003
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 61 year old female who sustained an industrial/work injury on 9/18/03. She reported an initial complaint of back, neck, and leg pain. The injured worker was diagnosed as having post laminectomy syndrome and chronic pain syndrome. Treatment to date includes medication and home exercise program. Currently, the injured worker complained of back pain rated 7/10, neck pain rated 6/10, and leg pain rated 6/10 with reduction in pain to 2/10 with medication. Per the primary physician's report (PR-2) on 4/2/15, exam noted no gait instability, tightness to the cervical spine, myofascial restrictions noted, positive straight leg raise at 75 degrees on the right, and positive sciatic tension testing. Current plan of care included medication and daily exercises. The requested treatments include Voltaren Gel 1 Percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent #100 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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%, #100 with 2 refills one gel tube 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 post laminectomy syndrome; chronic pain syndrome and emotional factors. The date of injury is September 18, 2003. Request for authorization is June 15, 2015. The earliest progress note with a Voltaren clinical entry is dated November 3, 2014. The documentation does not indicate whether this is an oral medication or a topical gel preparation. According to a progress note dated June 1, 2015, the worker has back pain 5/10 and neck pain 4/10. A current list of medications includes both Voltaren and diclofenac. Both medications are potentially the same. The documentation does not distinguish between oral medications and topical analgesic medications. There is no documentation demonstrating objective functional improvement to support ongoing diclofenac. Additionally, 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. There is no documentation of osteoarthritis pain in the medical record. Based on clinical information and medical record, the peer-reviewed evidence-based guidelines and incomplete documentation reflecting oral versus topical analgesic Voltaren, Voltaren (Diclofenac) gel 1%, #100 with 2 refills one gel tube is not medically necessary.