MAXIMUS Federal Services

Case Number:	CM15-0129776		
Date Assigned:	07/16/2015	Date of Injury:	02/01/2001
Decision Date:	09/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 injury on 02/01/2001. She has reported subsequent bilateral shoulder, neck, knee and upper extremity pain and was diagnosed with bilateral shoulder and internal derangement, neck pain, osteoarthritis of the knees, carpal tunnel syndrome and forearm tendinitis. Treatment to date has included medication, H wave unit, physical therapy, massage, surgery and the application of heat. Voltaren gel was noted to have been prescribed since at least 09/02/2014. In a progress note dated 04/23/2015, the injured worker complained of bilateral shoulder, hand and neck pain. Objective findings were notable for an improvement in range of motion with flexion and abduction of the shoulders to about 160 degrees. The injured worker was noted to be off work. A request for authorization of retrospective Voltaren 1 gram #1 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 1gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Voltaren gel.

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The documentation shows that Voltaren gel had been prescribed to the injured worker as far back as 09/02/2014. There is no documentation of a failure of first line therapeutic agents. It appears that the main pain complaints involved the spine and shoulders for which the efficacy of Voltaren gel is unproven. In addition, the injured worker was prescribed an oral non-steroidal anti-inflammatory drug (NSAID) and there was no indication as to why the injured worker required concurrent prescription of a topical NSAID. There was no documentation of significant objective functional improvement, pain reduction or improvement in quality of life. The severity of pain was not rated, however the injured worker's pain was noted to have remained unchanged or to have worsened in most progress notes. There was no documentation of a change in work status and the injured worker continued to have moderate limitations with lifting, cooking and repetitive motions, showering, chopping food or using her arms. Therefore, the request for Voltaren gel is not medically necessary.