

Case Number:	CM15-0173029		
Date Assigned:	09/15/2015	Date of Injury:	04/01/2000
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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
 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:

This 48 year old male sustained an industrial injury on 4-1-00. Documentation indicated that the injured worker was receiving treatment for cervical spine radiculopathy, right shoulder impingement, right elbow lateral epicondylitis and right carpal tunnel syndrome. Previous treatment included right elbow surgery (3-17-10), right ulnar transposition (8-9-00), right carpal tunnel release (8-9-00), physical therapy and medications. Magnetic resonance imaging cervical spine (2-20-15) showed disc bulge at C7-T1 impinging on the thecal sac. Electromyography and nerve conduction velocity test bilateral upper extremities (8-7-14) showed possible C7 and C8 radiculopathy. Magnetic resonance imaging right shoulder (7-7-15) showed a partial thickness tear of the spinatus tendon, acromial joint arthritis and a type II superior labral anterior posterior tear. In a PR-2 dated 8-10-15, the injured worker complained of right shoulder pain with pain upon lying on the shoulder and when lifting and overhead activity. Physical exam was remarkable for right shoulder with positive impingement. Documentation of the remaining physical exam was difficult to decipher. The treatment plan included follow up with pain management for possible cervical epidural steroid injections diagnostic and therapeutic injection and a prescription for Voltaren Gel. On 8-13-15, Utilization Review noncertified a request for Voltaren Gel one tube with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 tube with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2000 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren Gel 1 tube with 1 refill is not medically necessary and appropriate.