

Case Number:	CM15-0173892		
Date Assigned:	09/15/2015	Date of Injury:	01/24/1994
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 1-24-1994. Medical records indicate the worker is undergoing treatment for left knee sprain/strain, right knee arthroscopy, left shoulder rotator cuff tear and subacromial impingement syndrome, bilateral upper extremities radiculitis and radiculopathy, lumbar disc herniation at lumbar 3-4 and 4-5 with lumbar 5 pars intrarticular fracture with spondylolisthesis at lumbar 5-sacral 1 and status post left DeQuervain's surgery. A recent progress report dated 8-11-2015, reported the injured worker complained of neck pain rated 3 out of 10 with bilateral hand numbness, mid low back pain rated 3 out of 10, left shoulder pain rated 3-4 out of 10, left knee pain rated 3-4 out of 10 and right knee pain rated 0-1 out of 10. He also reports limited activities of daily living. Physical examination revealed cervical and lumbar "limited range of motion" and bilateral knee edema with limited flexion at 95 degrees with crepitus, clicking and popping. Treatment to date has included physical therapy and medication management. On 8-11-2015, the Request for Authorization requested Voltaren gel 1% 100 mg-15 packs. On 8-26-2015, the Utilization Review noncertified a request for Voltaren gel 1% 100 mg-15 packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 packs, Voltaren gel 1% 100mg: 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): Topical Analgesics.

Decision rationale: The patient was injured on 01/24/94 and presents with neck pain, knee pain, and shoulder pain. The request is for 15 packs, Voltaren gel 1% 100 mg. The RFA is dated 08/11/15 and the patient is currently temporarily totally disabled. The patient has been using this topical as early as 05/19/15. MTUS Chronic Pain Medical Treatment Guidelines page 111 states the following regarding topical analgesics: "largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee, and elbow or other joints that are amenable to topical treatment: Recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain, not recommended as there is no evidence to support use." The patient is diagnosed with left knee sprain/strain, right knee arthroscopy, left shoulder rotator cuff tear and subacromial impingement syndrome, bilateral upper extremities radiculitis and radiculopathy, lumbar disc herniation at L3-4 and L4-5 with L5 pars intrarticular fracture with spondylolisthesis at L5-S1 and status post left DeQuervain's surgery. In this case, none of the reports provided mention Voltaren's effectiveness in terms of pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the patient has pain in his neck, knee, and shoulder and MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from MTUS guidelines, the requested Voltaren gel is not medically necessary.