MAXIMUS Federal Services

Case Number:	CM15-0174755		
Date Assigned:	09/16/2015	Date of Injury:	12/08/2012
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old female, who sustained an industrial injury on 12-8-12. The injured worker was diagnosed as having cervical, thoracic, and lumbar sprain and strain with global myofascial pain disorder. Other diagnoses included right shoulder girdle sprain and strain with impingement tendinopathy with type II acromion with tear of the undersurface of the supraspinatus tendon. Treatment to date has included medication including ConZip, ThermaCare heat patches, and Voltaren gel. On 8-6-15, pain was rated as 4 of 10 with medication and 10 of 10 without medication. Physical examination findings on 8-6-15 included trigger point tenderness throughout the cervical and thoracic paraspinal musculature. "Hyper-tonicity was suggested by a muscle spasm." The injured worker exhibited a positive jump sign through palpation of the cervical, thoracic, and lumbar paraspinal musculature. Limited range of motion with positive impingement sign with crepitus was noted in the right shoulder. The injured worker had been using Voltaren gel since at least August 2015. Currently, the injured worker complains of neck and back pain with spasms across her neck and shoulder girdle areas. On 8-10-15, the treating physician requested authorization for Voltaren gel 1% 100g tube. On 8-20-15, the request was non-certified; the utilization review physician noted "there is little evidence to support using topical NSAIDs for treatment of back or shoulder conditions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100g tube: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of anti-depressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the spine and/or shoulder. As such, the request for Voltaren gel 1% 100g tube is not medically necessary.