

Case Number:	CM15-0178181		
Date Assigned:	09/18/2015	Date of Injury:	04/16/2004
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 4-16-04. The injured worker was diagnosed as having degenerative disc disease cervical and lumbar; chronic headaches; multiple joint pain; depression. Treatment to date has included physical therapy; medications. Diagnostics studies included three phase bone scan with SPECT imaging (11-4-11); Ultrasound studies bilateral wrist, ankles and shoulders (1-4-12); MRI left and right knee - both normal (10-20-04) Currently, the PR-2 notes dated 6-5-15 indicated the injured worker complains of neck and right shoulder and right arm pain, headache, low back pain, bilateral wrist pain and bilateral knee pain. The provider documents the injured workers pain score as "10 out of 10". The injured worker reports she was involved in an industrial injury 4-16-04 and has "thereafter complaining of neck pain that is in the midline of the cervical spine and radiates into the right shoulder and down the right arm to the elbow. She also has chronic headaches. Her headaches begin the neck and then extend to both temporal regions and then to the bilateral frontal region. She has such headaches on a daily basis. They usually last the entire day. She is also complaining of low back pain that is located in the midline of the lower lumbar spine. She is also complaining of multiple joint pain in both wrists, both knees and both ankles. Her pain is now constant in duration. She describes the character of the pain as aching, burning, and sharp. She has numbness in both legs. Her pain is worse with standing, sitting, walking, bending and while lying flat. It is somewhat relieved with rest. All of her daily activities are limited secondary to pain including any activities involving standing and sitting. She is unable to sleep at night secondary to pain. She is employed. On occasion she has difficulty performing her usual job

functions secondary to pain." The provider continues documentation of her complains noting "The patient continues to complain of severe low back pain and ankle pain. She continues to complain of an 'electrical charge' that runs down the lateral right leg. She is also complaining of neck, right shoulder and right arm pain. The fingers of her right hand are locking up on a regular basis. It is likely a result of her cervical spine injury. Since the time of her last visit, her pain level has in general been worse. All of the requests for interventional procedures relating to the above referenced patient have either been denied or ignored. As a result, her condition continues worse. She is now suffering an additional psychological injury as a result of the lack of treatment. She misses work as a result of her pain condition." The provider notes he reviewed a QME-AME per an orthopedic surgeon who examined the injured worker. The provider documents that in his report "he recommended that the patient undergo a LESI [lumbar epidural steroid injection]. That request has been outstanding for over a year with no response. He also recommended a referral to a rheumatologist, a psychiatrist and a neurologist. The patient underwent a MRI of the cervical spine. That study showed multilevel degenerative changes. She said she has a bone scan. The report of that study is still unavailable." She reports to this provider she has been under increasing pressure and stress at work. She reports she is treated very poorly and unfairly at work, being treated differently than other employees and as a result of the foregoing, she has filed a new claim for psychological stress. She has been seen by a psychologist. On examination the provider has documented "there is tenderness in the midline of the cervical spine and in the midline of the lumbar spine. She has a markedly reduced range of motion of the cervical and lumbar spine. Motor and sensory functions in the upper extremities are normal. She has a modest motor deficit in both lower extremities and a sensory deficit in the left lower extremity. The straight leg-raising test is negative bilaterally." A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 9-4-15 and non-certification for Voltaren gel 1% #5 tubes quantity 5 and Rheumatologist referral quantity one time. Utilization Review non-certified the requested medications Voltaren gel 1% #5 tubes for not meeting the CA MTUS Guidelines. The Utilization Review documents the non-certification for Rheumatologist referral stating "The patient saw rheumatologist in January 2012. Symptoms exaggeration was noted. There was no evidence of any form of system, metabolic or inflammatory rheumatic disease to account for any aspect of the patient's musculoskeletal pain presentation. Given that the rheumatology consult has already been provided and the patient was determined to have no rheumatic disease to account for the musculoskeletal pain, and additional rheumatology referral is not necessary." The provider is requesting authorization of Voltaren gel 1% #5 tubes quantity 5 and Rheumatologist referral quantity one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #5 tubes Qty 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, 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. FDA-approved agents: Voltaren Gel 1% (diclofenac): 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996) Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has unspecified multiple joint pains. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.

Rheumatologist referral Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have multi-joint pain. However previous rheumatologic work up has been negative. There are no new findings to necessitate new rheumatologic consult. Therefore the request is not medically necessary.