MAXIMUS Federal Services

Case Number:	CM15-0178582		
Date Assigned:	09/18/2015	Date of Injury:	08/11/2004
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on 8-11-04. Medical record indicated the injured worker is undergoing treatment for degeneration of cervical disc. Treatment to date has included trigger point injections, topical Voltaren gel, oral medications including Omeprazole, Diclofenac, Hydrocodone and Tramadol and activity restrictions. Currently on 7-16-15, the injured worker complains of continued pain in her neck with radiation to the shoulders. Documentation notes with the current regimen of medication the patient's function has dramatically improved. Physical exam performed on 4-15-15 revealed full range of motion with slight neck pain and on 7-16-15 revealed guarded range of motion of neck with moderate pain, discrete focal tenderness in a palpable taut band of skeletal muscle, which produced a local twitch, and myofascial pain with a direct relationship between the specific trigger points and its associated pain region. On 7-16-15, a request for authorization was submitted for trigger point injections, Diclofenac 100mg #90, Prilosec 20mg #180, Tramadol 50mg #180 and Voltaren gel 1% (5-100mg tubes). On 8-18-15, utilization review non-certified a request for Voltaren gel noting intolerance or contraindication to oral NSAIDs (non-steroidal anti-inflammatory drugs) is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic, Voltaren Gel.

Decision rationale: According to the MTUS, 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. Additionally, accordingly to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.