

Case Number:	CM15-0068274		
Date Assigned:	04/15/2015	Date of Injury:	04/19/2004
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on April 19, 2004. The injured worker was diagnosed as having cervical disc herniation C5-C6 and C6-C7 with right C6 and C7 radiculopathy, cervical spondylosis from C3-C7, fibromyalgia, and C5-C7 ACDF surgery. Treatment to date has included MRI, x-rays, physical therapy cervical surgery, and medication. Currently, the injured worker complains of neck pain, right shoulder pain, and radiating pain down the right arm. The Treating Physician's report dated January 5, 2015, noted the injured worker's current medications as Percocet, Duexis, Voltaren gel, Lamotrigine, Effexor, Clonazepam, Imitrex, Lidoderm patches, Lunesta, and Promethazine. Physical examination was noted to show diffuse tenderness over the cervical paraspinal musculature. The injured worker was noted to be post-op from a C5-C7 anterior cervical discectomy and fusion (ACDF) with a flare-up due to start of physical therapy and weaning of pain medications. The treatment plan was noted to include a refill of the Voltaren Gel, continued weaning of Percocet, continued exercise program with physical therapy, and additional physical therapy cervical spine program focusing on optimizing home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% Day Supply: 25 QTY: #100 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% 25 day supply dispense #100 with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are cervical disc herniation C-5-C6 and C6-C7 with right C6 and C7 radiculopathy; cervical spondylosis from C-3-C7; fibromyalgia; C5-C7 ACDF surgery. Voltaren gel was first prescribed on November 10, 2014. The directions were applied to affected area four times a day. In a subsequent progress note dated April 2, 2015, the directions increased to five times per day. Voltaren gel is to be applied to the neck, trapezius, forearms and shoulders. Voltaren gel is not indicated for treatment of the spine, hip or shoulder. Additionally, diclofenac (Voltaren) gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). The documentation shows the injured worker does not suffer with osteoarthritis. Additionally, the gel was prescribed to areas not indicated according to the guidelines (spine, hip and shoulder). Consequently, absent clinical documentation of osteoarthritis pain in a joint that lends itself to topical treatment and contrary to guideline recommendations with treatment to the neck and shoulders, Voltaren (Diclofenac) gel 1% 25 day supply dispense #100 with one refill is not medically necessary.