

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

6/1/2009

8/2/2013

CM13-0006163

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Voltaren Gel** is **not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Voltaren Gel is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 58-year-old male who reported an injury on 06/01/2009. The mechanism of injury was not included with the submitted documentation. The clinical note dated 08/09/2012 stated the patient was complaining of ongoing discomfort to the left wrist with a positive scaphoid shift test. The note further reported the patient complains of intermittent tingling sensation with two normal electrodiagnostic studies. The patient is status post arthroscopic evaluation of the left wrist with debridement and shrinkage of scapholunate ligament. The note further states an x-ray of unknown date reports evidence of osteoarthritis in the carpometacarpal joint of the left thumb and an MRI reports evidence of associated triscaphe arthritis, currently asymptomatic. The clinical note dated 09/13/2012 states the patient complains of increased pain in the left knee, pain to the low back, and pain in the right neck/shoulder area. The patient received a steroid injection to the left knee on 09/19/2012. The clinical note dated 11/08/2012 reports the patient states the steroid injection to the left knee from 09/19/2012 is still effective. The clinical note dated 07/02/2013 reported the patient's current medication is helping to mitigate the patient's pain. The note further states the patient's function has improved with the medication and there are no side effects. A request for authorization for Voltaren Gel was submitted. The request for Voltaren was non-certified via the determination letter dated 07/19/2013 citing no medical necessity for the prescription.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Voltaren Gel:****Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of MTUS.

The Expert Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-112, which are part of the MTUS.

**Rationale for the Decision:**

California MTUS Guidelines state that topical analgesics such as Voltaren Gel are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The clinical information submitted for review does not provide sufficient evidence of subjective complaints or objective physical findings that suggest the employee is experiencing neuropathic pain. Additionally, the employee's current medications include Prozac, gabapentin, Soma, Relafen, and Norco that are reported to be effective in improving the patient's pain and function with no side effects. Therefore, the trials of the anti-depressant, Prozac, and the anti-convulsant, gabapentin, have been successful. **The request for Voltaren Gel is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.