

Case Number:	CM13-0011580		
Date Assigned:	11/06/2013	Date of Injury:	09/07/2007
Decision Date:	03/06/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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/services.

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 patient is a 63-year-old female who reported an injury on 09/07/2007. The patient is diagnosed with cervical degenerative disc disease, right lateral epicondylitis, right supraspinatus partial tear, and depression. The patient was seen by [REDACTED] on 08/09/2013. The patient reported 8/10 pain. Physical examination revealed painful range of motion of the cervical spine, tenderness over the left trapezius muscle, and tenderness over the lateral epicondyle. Treatment recommendations included a prescription for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 % 100mg times three (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22, 67-68, and. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113..

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is Voltaren gel, which is indicated for osteoarthritis pain in joints that lend themselves to topical treatment. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication

prior to the initiation of a topical analgesic. The patient does not maintain a diagnosis of osteoarthritis. As guidelines do not recommend Voltaren gel for treatment of the spine, hip, or shoulder, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.