

Case Number:	CM13-0023446		
Date Assigned:	11/15/2013	Date of Injury:	09/06/2011
Decision Date:	01/15/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational Medicine, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a represented [REDACTED], employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial motor vehicle accident (MVA) of September 6, 2011. The applicant has been treated with the following: Analgesic medications, including long and short-acting opioids; a TENS unit; psychological counseling; unspecified amounts of physical therapy; attorney representation; and extensive periods of time off of work. In a Utilization Review decision of August 29, 2013, the claims administrator partially certified a request for four to six week supply of Voltaren gel. The applicant's attorney later appealed, on September 12, 2013. An earlier progress note of August 16, 2013 is notable for comments that the applicant is attending a functional restoration program. She is trying to wean herself off of Percocet. She is trying to use a TENS unit and/or Voltaren gel so as to try and wean herself off of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted on Page 112 of the Medical Treatment Utilization Schedule Section: Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of arthritis in the small joints which lend themselves toward to topical application, such as ankle, elbow, foot, hand, knee, and/or wrist. Voltaren gel has not been evaluated for treatment involving the spine. In this case, the claimant has low back pain complaints. The Utilization Review decision suggested a four to six week trial of Voltaren here so as to try and facilitate the applicant's weaning off of Percocet. I am unable to certify additional Voltaren beyond the four to six week partial certification here. As noted by the previous utilization reviewer, Voltaren gel is being prescribed off label here. While limited amount of the same can be endorsed to facilitate the claimant's weaning herself off of Percocet, certifying additional Voltaren beyond four to six weeks without evidence of functional improvement for a non-FDA approved purpose cannot be supported at this time. Therefore, the request for unspecified amounts of Voltaren gel is not medically necessary.