

Case Number:	CM13-0027451		
Date Assigned:	11/22/2013	Date of Injury:	02/07/2005
Decision Date:	01/22/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left shoulder, left upper extremity pain, neck pain, and left leg pain reportedly associated with a trip and fall industrial and contusion injury of February 7, 2005. The applicant has also developed derivative depression. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; psychotropic medications; and the apparent imposition of permanent work restrictions. The applicant has apparently not returned to work with permanent work restriction in place, it appears. In utilization review report of August 23, 2013, the claims administrator denied a request for topical Voltaren gel while partially certifying a prescription for Wellbutrin. Non MTUS ODG guidelines were cited. The applicant's attorney later appealed. An earlier clinical progress note of August 7, 2013 is notable for comments that the applicant is not feeling well. She has not been out of home for the past three weeks. Her low back pain persists. She states that Wellbutrin is being employed daily and is a great help in terms of mood. She is not having adverse effects for the same. She states that Voltaren gel is alleviating her low back pain, but is not taking away completely. The applicant has a slow gait, but is not using assistive device. Her blood pressure is elevated. She is well groomed. She has given refills of both Wellbutrin and Voltaren and asked to pursue physical therapy. Permanent work restrictions are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 450 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel is indicated in the treatment of small joint arthritis that lines itself toward topical treatment. In this case, however, there is no indication that the applicant carries a diagnosis of hand arthritis, foot arthritis, ankle arthritis, elbow arthritis, etc. for which topical Voltaren would be indicated. It is not clearly stated why the applicant cannot employ first-line oral pharmaceuticals here. It is further noted that the applicant's pain about the low back does not seemingly lend itself toward easy or facile topical application. Therefore, the original Utilization review decision is upheld. The request remains non-certified, on independent medical review.

Topical Voltaren gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel is indicated in the treatment of small joint arthritis that lines itself toward topical treatment. In this case, however, there is no indication that the applicant carries a diagnosis of hand arthritis, foot arthritis, ankle arthritis, elbow arthritis, etc. for which topical Voltaren would be indicated. It is not clearly stated why the applicant cannot employ first-line oral pharmaceuticals here. It is further noted that the applicant's pain about the low back does not seemingly lend itself toward easy or facile topical application. Therefore, the original Utilization review decision is upheld. The request remains non-certified, on independent medical review.