

Case Number:	CM13-0028511		
Date Assigned:	11/27/2013	Date of Injury:	12/21/2011
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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 patient is a 46 year old male who reported a work related injury on 12/21/2011, as a result of strain to the lumbar spine. Currently, the patient presents for treatment of the following diagnoses: Lumbar strain/sprain, lumbosacral radiculopathy, facet syndrome, sacroiliitis, trochanteric bursitis, chronic pain syndrome, and AB mammogram not otherwise specified. The clinical note dated 08/01/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient was last seen in clinic on 06/20/2013. The patient reports severity of pain at a 6/10 to 7/10. The provider documented the patient utilizes the following medication regimen: Lidoderm patch, Norco 10/325, Neurontin 100 mg, Pamelor 10 mg, meloxicam 15 mg, ketoprofen topical analgesic, Topamax, Medrox cream, Motrin, and Voltaren gel. The provider documented, upon physical exam of the patient, the patient reports greatest pain on the left more so than the right with extension rather than flexion. The patient has a straight leg raise positive for pain on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% to be used for localized joint pain #2 along with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 11th edition, Pain (Updated 06/07/13)

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with moderate complaints of pain status post a work related injury sustained in 12/2011. The clinical notes document the patient utilizes multiple topical analgesics for his pain complaints. However, quantifiable evidence of reports of efficacy with use of topical analgesics were not noted in the clinical documents reviewed, as noted by a decrease in rate of pain on a VAS, or increase in objective functionality. California MTUS indicates Voltaren is supported for relief of osteoarthritis pain in the joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder, given all the above, the request for Voltaren Gel 1%, cover joint skin 4 times daily as needed for localized joint pain #2, 3 refills, is not medically necessary or appropriate.