

Case Number:	CM13-0030237		
Date Assigned:	04/09/2014	Date of Injury:	04/12/2007
Decision Date:	05/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 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 former machine operator who has filed a claim for chronic neck pain, wrist pain, knee pain, psychological stress, low back pain, hypertension, and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of April 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; topical agents; and extensive periods of time off of work. In a utilization review report of September 17, 2013, the claims administrator apparently denied a request for topical Voltaren gel. The applicant's attorney subsequently appealed. A May 23, 2013 x-ray report is notable for comments that the applicant had severe arthritis of the left knee. In a progress note of May 3, 2013, the applicant was apparently given a prescription for Voltaren gel. The operating diagnoses at that point included knee arthritis, low back pain, and right knee chondromalacia. The applicant reported 5/10 pain with medications and 8/10 without medications. A May 29, 2013 progress note was notable for comments that the applicant remained off of work, on total temporary disability, and was using tramadol and Neurontin for pain relief. A medical-legal evaluation of April 11, 2013 notes that the applicant's case and care have been complicated by both gastroesophageal reflux disease and irritable bowel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR VOLTAREN XR GEL 1-2 GRAM #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL VOLTAREN SECTION Page(s): 7, 112.

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, which lends itself toward topical treatment. In this case, the applicant apparently carries a diagnosis of advanced left knee arthritis. In addition to carrying a diagnosis of knee arthritis, the applicant also has a number of comorbidities, including irritable bowel syndrome and gastroesophageal reflux disease, which are apparently limiting the attending provider's choice of medications. The attending provider has, furthermore, suggested that ongoing usage of Voltaren gel has been beneficial both in terms of pain relief and improved ability to perform non-work activities of daily living. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to factor into account applicant-specific variables such as comorbidities into determining medication choice. In this case, given the applicant's comorbidities of gastroesophageal reflux disease and irritable bowel syndrome, the applicant's diagnosis of knee arthritis and the applicant's issues with intolerance to other medications and the applicant's reportedly favorably response to the previously usage of Voltaren gel, the request is certified, on independent medical review.