

Case Number:	CM13-0032602		
Date Assigned:	06/06/2014	Date of Injury:	08/11/2008
Decision Date:	08/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is a 64-year-old female who reported an injury dated 06/11/2008. The injured worker's complained of low back pain and leg pain. In addition, she complained of neck pain and pain in both of her upper extremities as well as her knee and right hip. The low back pain is worse with standing, walking, or sitting for any extended period of time. On physical examination dated 03/24/2014, there was a moderate tenderness in the midline of the cervical spine, moderate tenderness in the midline of the lower thoracic spine, marked tenderness in the midline of the lower lumbar spine and over both sacroiliac joints. The injured worker's diagnoses were degenerative disc disease, cervical; sacroiliitis; greater trochanter bursitis; facet arthropathy, lumbar; degenerative disc disease, lumbar; degenerative joint disease, bilateral knee. The injured worker's medications were Vicodin 7.5/750 mg, Ultram 50 mg, Celebrex 200 mg, Flexeril 10 mg, Voltaren gel 1%, Flector patches 1.3%. Worker's treatments and diagnostics were: An MRI of the lumbar spine date unknown, impression was interval deterioration since previous study dated 07/31/2008; there was a levoscoliosis, apex centered at L2-3. There was a mild to moderate canal and moderate bilateral foraminal stenosis, left greater than right at the L2-3 and L4-5. An MRI of the right knee was dated 08/28/2013, and the impression was tricompartmental chondromalacia, most significant involving the patellofemoral compartment and extension mechanism stenosis. There was also an MRI of the thoracic spine dated 08/29/2013; the impression was no thoracic spine compression fracture or significant canal stenosis with mild upper thoracic foraminal stenosis. The treatment was for voltaren gel 1% 5 tubes. The request for authorization dated 09/10/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 5 TUBES: Upheld

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

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

Decision rationale: The request for Voltaren gel 1%, 5 tubes is not medically necessary. The injured worker had a history of neck pain and numbness, low back pain, and leg pain, as well as complaining of right knee and right hip pain. The pain score was recorded as 5/10. The California Medical Treatment Utilization Schedule indicates that Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment to include the ankle, elbow, foot, hand, knee, and wrist. The guidelines indicate that Voltaren gel has not been evaluated for treatment of the spine, shoulder, or hip. Furthermore, the request does not include the frequency of the proposed medication. Given the above, the request is not medically necessary.