

Case Number:	CM13-0034513		
Date Assigned:	12/11/2013	Date of Injury:	06/09/2000
Decision Date:	04/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal 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 patient is a 57-year-old female with date of injury on 06/09/2000 for which mechanism is not provided in the medical data available for review. She is reported to have chronic neck pain, chronic low back pain, degenerative disc disease in both cervical and lumbar spine, postlaminectomy syndrome in her neck, and comorbid diagnosis of depression and diabetes. She is reported to have failed many medications either due to side effects or intolerances including Celebrex, Cymbalta, Morphine, and Oxycontin. She is doing a home exercise program but there is no mention of how she responded to physical therapy in the past. Her current pain regimen is Norco and Voltaren Gel. The most recent notes report that her Voltaren gel is to be used as directed three times a day as needed to affected areas. The request is for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has chronic neck and low back pain. The most recent provider note on 10/17/2013 states that Voltaren gel is currently being used in addition to Norco. However, it is not stated where or how often it is used on the body. Furthermore, there is no mention of any improvement in either subjective or objective pain scores or mention of improvement in the patient's functionality. The Chronic Pain Medical Treatment Guidelines do state that topical non-steroidal anti-inflammatory drugs (NSAIDs) can be helpful in osteoarthritis of the joints. However, there is no data of spine pain. Given the lack of documentation on how the Voltaren gel is affecting the patient and the lack of supporting data for anything related to spine/back pain, the guidelines are not met and the Voltaren gel is not medically necessary.