

Case Number:	CM13-0039677		
Date Assigned:	12/20/2013	Date of Injury:	09/23/2004
Decision Date:	03/26/2014	UR Denial Date:	09/30/2013
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 and Rehabilitation and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 09/23/2004. The mechanism of injury is not specifically stated. The patient is diagnosed with cervical spine disc displacement, rule out lumbar spine disc displacement, and internal derangement of the right shoulder. The patient was seen by [REDACTED] on 09/05/2013. The patient reported ongoing pain with radiation to bilateral lower extremities. A physical examination revealed positive sciatic tension testing, tenderness to palpation, and diminished range of motion. The treatment recommendations included an updated MRI of the lumbar spine and continuation of current medication including Vicodin extra strength and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Voltaren gel #1 tube: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA approved topical non-steroidal anti-inflammatory drug (NSAID) is Voltaren gel, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request cannot be determined as medically appropriate. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the guidelines, the request is non-certified.