

Case Number:	CM13-0054073		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2002
Decision Date:	03/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old female who reported an injury on 05/13/2002. The mechanism of injury is not specifically stated. The patient is currently diagnosed with postlaminectomy syndrome. The only physician progress reports submitted for this review are psychotherapy progress notes. The latest progress report was submitted on 08/12/2013. The physical examination only revealed anxiousness. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel QID for left trochanteric bursitis x 2 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for short-term use for up to 4 to

12 weeks. The only FDA-approved topical NSAID is Diclofenac, or Voltaren gel, which is indicated for the relief of osteoarthritis pain. There was no primary treating physician's progress report submitted for review. Therefore, there is no evidence of a recent physical examination. The duration of previous use of this medication is unknown. There was also no evidence of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.