

Case Number:	CM14-0001983		
Date Assigned:	01/15/2014	Date of Injury:	01/31/2013
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in 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 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 injured worker is a 31-year-old female with a reported date of injury on 01/31/2013. The injury reportedly occurred while the worker was assisting a child onto the school bus. The injured worker complained of bilateral lower back pain rated 6/10. According to the documentation dated 02/04/2013, the injured worker's diagnoses included sprain or strain of lumbar region, and lumbar disc herniation. The injured worker's medication regimen included ice packs and ibuprofen. The Request for Authorization of Voltaren 1% gel was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical NSAIDs are recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. According to the guidelines, topical NSAIDs are not recommended for neuropathic pain. It has not been evaluated for treatment of the spine, hip, or shoulder. According to the documentation provided for review, the injured worker's complaints of pain are to the spine. Voltaren cream, according to the guidelines, is not recommended for utilization with spinal complaints. Therefore, the request for Voltaren 1% gel is not medically necessary.