MAXIMUS Federal Services

Case Number:	CM14-0002618		
Date Assigned:	01/29/2014	Date of Injury:	08/04/2010
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupatioanl 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 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:

This is a 45-year-old female patient with an 8/4/10 date of injury. The mechanism of injury was not provided. An 11/25/13 progress report indicated lower back pain radiating to the bilateral ankles, right foot, and bilateral thighs. Ascending stairs, bending, changing position, and daily activities, sitting and walking, aggravated the symptoms. She rated her pain as an 8/10 without medication, and 6/10 with medication .Objective findings demonstrated limited range of motion with pain. She was diagnosed with chronic pain with trauma, spondylosis, myalgia and myositis, and lumbar degenerative disc disease. The treatment to date is medication management. There is documentation of a previous adverse detemination of a prevoius 12/16/13 adverse determination, based on the fact that topical NSAIDs are not recommended for treatment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics Page(s): 112.

Decision rationale: California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); but has not been evaluatd for treatment of the sppine, hip or shoulder. However, there was no documentation of specific circumstances to support topical NSAIDs. There was no evidence of failure of patient's proir oral NSAID use. In addition, the California MTUS does not support topical NSAID use for the spine as Voltaren gel has not been evaluated for use in the spine. Therefore, the request for Voltaren Gel 1% was not medically necessary.