

Case Number:	CM14-0008178		
Date Assigned:	01/24/2014	Date of Injury:	07/25/2001
Decision Date:	06/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational 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 72-year-old male with a July 25, 2001 date of injury. The exact mechanism of injury is not described. On January 29, 2014, a progress note indicates the patient has right elbow, hand, and arm pain, as well as left hip and knee pain. He is having pain in the heels and balls of his feet. Objective: decreased ROM with pain of the left hip, and left heel. Diagnostic Impression: Sleep Apnea, Hypertension, Post-Concussive Syndrome, status post left radial head fracture, Bilateral thoracic outlet syndrome. Treatment to date: gym membership, CPAP (continuous positive air pressure) machine, activity modification, medication management, aquatic therapy. A UR decision dated November 22, 2014 denied the request for Voltaren gel based on the fact that the patient did not have a diagnosis of osteoarthritis and that it is only indicated for short-term use, not long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 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, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: §9792.24.2 Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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); and has not been evaluated for treatment of the spine, hip or shoulder. However, it not clearly documented where the patient is using the Voltaren gel. He has been on this medication chronically, at least for over a year, as per the documentation provided, and likely longer given his 2001 date of injury. There is no documentation of functional improvement gained from the use of the Voltaren gel. The request for Voltaren gel is not medically necessary or appropriate.