

Case Number:	CM14-0015626		
Date Assigned:	02/28/2014	Date of Injury:	01/20/2010
Decision Date:	08/04/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 47-year-old female who has submitted a claim for cervical strain, lumbar strain, and bilateral plantar fasciitis associated with an industrial injury date of 1/20/10. Medical records from 8/2/13 to 1/30/14 were reviewed and showed that patient complained of cervical spine pain graded 4-5/10 with radiation down the left arm. There was a complaint of back pain graded 5/10 with radiation down the lower extremities. The patient also complained of leg pain, though the rating of the pain was not included. Physical examination of the cervical spine revealed no tenderness or spasm of the cervical paraspinal muscles. Cervical spine range of motion was normal. Physical examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles. Manual muscle testing was 4/5 for bilateral lower extremities except dorsiflexion (5/5). Sensation to light touch was intact. Straight leg raise test was negative. Physical examination of the feet revealed tenderness to palpation over the heels and Achilles tendon bilaterally. Treatment to date has included physical therapy, home exercise, pain medications, patches, and gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE VOLTAREN GEL FOUR TUBES TO USE 2 G UP TO FOUR TIMES A DAY TP CERVICAL, LUMBAR, AND FEET: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, Voltaren was requested because the patient cannot tolerate oral medications. However, the use of Voltaren gel for the spine is not in conjunction with the recommendation of the MTUS guidelines. Therefore, the request is not medically necessary.