

Case Number:	CM14-0115110		
Date Assigned:	08/04/2014	Date of Injury:	10/08/2009
Decision Date:	11/18/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscle relaxants; and topical medications. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for topical Voltaren gel. The applicant's attorney subsequently appealed. In a progress note dated July 18, 2014, the applicant reported persistent complaints of midback pain, 3/10. The applicant was using oral Naprosyn 0 to 2 tablets daily, it was stated in one section of the report. The applicant was also using metformin, glipizide, and Zestril owing to comorbid diabetes. The applicant's blood pressure was 141/89. The attending provider suggested that the applicant employ topical Voltaren for midback pain on the grounds that the applicant's blood pressure was elevated, at 141/89, owing to oral NSAID usage. In an earlier note dated June 20, 2014, it was again noted that the applicant's blood pressure was elevated at 140/100. The attending provider attributed the applicant's elevated blood pressure to introduction of oral Naprosyn. The attending provider suggested that the applicant discontinue oral Naprosyn and begin topical Voltaren. It did not appear that the applicant was working with limitations in place, although this was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% Day Supply: 30 Qty: 100 No Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren has "not been evaluated" for the treatment of the spine, the primary pain generator here, in this case, the applicant apparently has some contraindication to usage of oral NSAIDs. The attending provider has posited that the applicant's blood pressure has been elevated on several occasions owing to oral NSAID usage. A trial of topical Voltaren is therefore indicated, given the attending provider's reports of adverse effects with first line oral NSAIDs. Therefore, the first-time request for Voltaren gel is medically necessary.