

Case Number:	CM14-0134634		
Date Assigned:	08/29/2014	Date of Injury:	02/21/2003
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 54-year old female who reported an injury on 02/21/2003. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included hip pain and pain the lower leg joint. Her past treatments comprised of medications and surgery to her right hip. The diagnostics were not specified in her clinical notes. The injured worker had a hip replacement surgery on 01/20/2009. There is no other surgery History indicated in her clinical notes. On a clinical note dated 07/03/2014 she complained of increased pain and poor quality of sleep. She also stated that her activity had increased. The physical exam revealed an antalgic gait, restricted flexion to her right hip, positive Faber's test, and tenderness to palpation. Her Medications were Norco 10/325mg and Ultram 50mg. The treatment plan involved her discontinuation of Norco due to aberrant an drug screen, her trial use of Butrans with Tramadol for breakthrough pain, and 1 tube of Voltaren gel 1% 100 grams. The rationale for request is not indicated in her clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Voltaren Gel 1% 100 grams: Upheld

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

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

Decision rationale: The request for Voltaren gel 1% 100 grams is not medically necessary. The California/MTUS guidelines state that topical analgesics such Voltaren gel are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Voltaren Gel consists of diclofenac sodium and is a non-steroidal anti-inflammatory drug for topical use only. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The indications for use include 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. The guidelines recommended Voltaren gel for short-term use, usually 4-12 weeks. Based on the clinical notes the indication for use is the hip, which is not recommended by the California guidelines. There is no evidence that supports the use of Voltaren gel to treat pain of the hip. Additionally, the clinical notes indicate that injured worker has been prescribed Voltaren gel longer than the recommended treatment period of 4-12 weeks, therefore the request for Voltaren Gel 1% 100 grams is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.