

Case Number:	CM14-0169459		
Date Assigned:	10/17/2014	Date of Injury:	03/15/2010
Decision Date:	11/24/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 back pain, shoulder pain, arm pain and wrist pain reportedly associated with an industrial injury of March 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of acupuncture; and topical agents. In a Utilization Review Report dated October 10, 2014, the claims administrator approved a request for tramadol while denying a request for Voltaren gel. The applicant's attorney subsequently appealed. In September 30, 2014, progress note, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. The applicant was 56 years old, it was acknowledged. It was stated that the applicant had a history of bariatric surgery/gastric bypass surgery and had issues using oral anti-inflammatory medications. The applicant reported 6/10 pain with medications versus 10/10 without medications. The applicant was using Tramadol for breakthrough pain, it was acknowledged. In addition to tramadol and Voltaren gel, the applicant was reportedly using Protonix, Tenormin and glyburide. The applicant was asked to continue Voltaren and Tramadol. The attending provider stated that ongoing usage of Voltaren was proving effectual at ameliorating the applicant's ability to walk. In another section of the note, it was stated that the applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 500 g QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application. In this case, the applicant does likely have issues with knee arthritis at age 56, status post earlier knee surgery. The applicant apparently has difficulty tolerating oral NSAID status post earlier gastric bypass surgery, the attending provider had posited. Ongoing usage of Voltaren gel has curtailed the applicant's pain complaints and has reportedly ameliorated the applicant's ability to stand and walk, the attending provider has further suggested. Continuing the same, on balance, is therefore indicated, given the reportedly favorable response to earlier usage of Voltaren gel. Therefore, the request is medically necessary.