MAXIMUS Federal Services

Case Number:	CM14-0171568		
Date Assigned:	10/23/2014	Date of Injury:	06/27/2013
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 posttraumatic headaches, posttraumatic stress disorder, and chronic pain syndrome reportedly associated with an industrial injury of June 27, 2013.Thus far, the applicant has been treated with the following medications: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; topical agents; and extensive periods of time off of work.In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for topical Voltaren gel.The applicant's attorney subsequently appealed.In an October 3, 2014 progress note, the applicant reported ongoing complaints of posttraumatic headaches, posttraumatic stress disorder, and postconcussion syndrome. The applicant stated that he felt depressed and anxious. The applicant was having nightmares. Shoulder pain was also appreciated. The applicant was reportedly homeless and living with his wife and children in a car. The applicant was extremely frustrated. The applicant was reportedly having significant complaints of neck pain, back pain, and headaches, it was noted. The applicant was apparently abusing marijuana, it was stated in another section of the note, and was also smoking a pack a day. The applicant was deemed "disabled," the attending provider acknowledged. The applicant was kept off of work. Additional acupuncture was sought.The applicant was earlier placed off of work through a progress note dated September 5, 2014, reportedly owing to a combination of medical and mental health issues.The Voltaren gel at issue was renewed on an earlier note dated August 7, 2014. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent Topical gel 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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/diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant has multiple pain generators, some of which include the cervical spine, lumbar spine, and shoulder, body parts for which topical Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines here, however, the applicant has already received the Voltaren gel at issue, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant continues to report multifocal pain complaints and continues to remain off of work, on total temporary disability, both of which suggests that ongoing usage of Voltaren gel has not been altogether beneficial. Therefore, the request is not medically necessary.