

Case Number:	CM14-0178429		
Date Assigned:	10/31/2014	Date of Injury:	10/15/2004
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 10/15/2004. The mechanism of injury was not provided. The injured worker's diagnoses included chronic thoracic pain, lumbar strain, and muscle spasm. The injured worker's past treatments included medications and cognitive behavioral therapy. On the clinical note dated 10/14/2014, the injured worker complained of struggling to find direction and meaning in his life. The injured worker had a score of 25 on Beck Depression Inventory and agitated affect. The clinical note dated 09/09/2014, indicated the injured worker's medications included Kadian, hydrocodone, zolpidem, omeprazole, orphenadrine, meloxicam, and Voltaren gel 1%. The request was for Voltaren 1% 330 g. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Volataren 1% 330 g: Upheld

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

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

Decision rationale: The injured worker's diagnoses included chronic thoracic pain, lumbar strain, and muscle spasm. The California MTUS Guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren cream is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (like the ankle, elbow, foot, hand, knee, and wrist). Voltaren cream has not been evaluated for treatment of the spine, hip, or shoulder. The medical records lack documentation of efficacy of the medication, the timeframe of efficacy, the efficacy and functional status the medication provides, and the pain rating pre and postmedication. The medical records lack documentation of the rationale for the cream versus oral medication. Additionally, the request does not indicate the frequency, application site, and dosage. The quantity exceeds the guidelines recommendation of 120 grams. As such, the request for Voltaren 1% 330 g is not medically necessary.