

Case Number:	CM14-0179952		
Date Assigned:	11/04/2014	Date of Injury:	11/17/2012
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 33-year-old woman with a date of injury of November 17, 2012. The mechanism of injury occurred when the injured worker slipped and fell on a tile floor. Pursuant to the progress noted dated September 17, 2014, the injured worker complained of right thoracic and right intercostal pain, left low back pain, buttocks pain, and left hip pain. The pain was aggravated by prolonged sitting. On physical examination, there was tenderness on the left greater trochanter, right thoracic paraspinal muscles overlying the right T9-T10, T10-T11, T11-T12 facet joints, and right intercostal. The muscle girth was symmetric in all limbs. The lumbar spine range of motion was restricted by pain in all directions. The cervical spine range of motion was restricted by pain in all directions. The injured worker was diagnosed with left greater trochanteric bursitis, left hip pain, right thoracic facet joint pain at T9-T10, T11-T12, thoracic facet joint arthropathy, right intercostal strain and sprain, and thoracic/lumbar/cervical strain and sprain. Medications were not documented in the progress note. Treatment plan recommendations included physical therapy on the right intercostal and chest wall, and prescription of medications and Voltaren gel. Reason given for the request was not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, QTY: 3 100g tubes with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Voltaren gel #three 100 mg tubes with one refill are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Voltaren gel 1% is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for choosing of the spine, hip or shoulder. In this case, the injured worker was diagnosed with left greater trochanteric bursitis, left hip pain, right thoracic facet joint pain at T9 - T 10, T11 - T12, thoracic facet joint arthropathy, right intercostal strain and sprain, lumbar strain, and cervical strain and sprain. The guidelines indicate Voltaren gel for the treatment of osteoarthritis pain in the joint that lends itself to topical treatment. The areas being treated in the injured worker do not lend themselves to topical treatment. Consequently, Voltaren gel #three 100 mg tubes with one refill are not medically necessary.