

Case Number:	CM14-0180712		
Date Assigned:	11/05/2014	Date of Injury:	09/14/1999
Decision Date:	12/10/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/30/2014

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 low back pain reportedly associated with an industrial injury of September 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical compounds; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 11, 2014, the claims administrator failed to approve a request for Voltaren gel. The applicant's attorney subsequently appealed. In an August 29, 2014 RFA form, the Voltaren gel at issue, Lidoderm patches, a TENS unit, Vicoprofen, Neurontin, Prilosec, a Ketoprofen containing topical compound, and lumbar MRI were all sought. In a progress note of August 29, 2014, the applicant reported ongoing complaints of low back pain radiating into the left leg. It was stated that the applicant was using a variety of agents, including a topical compounded medication, the Voltaren gel at issue, and a TENS unit. Many of the medications in question were refilled. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium topical gel) 1%: Upheld

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 Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren "has not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on the article at issue. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Neurontin, Vicoprofen, etc., would seemingly obviate the need for the Voltaren gel in question. Therefore, the request is not medically necessary.