MAXIMUS Federal Services

Case Number:	CM14-0020262		
Date Assigned:	05/05/2014	Date of Injury:	09/18/2013
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 60 year old male who reported an injury on 09/18/2013; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 04/21/2014, the injured worker reported complaints of increased pain over the left knee and low back. The physical examination revealed in the upper extremities 4/5 motor tone and motor strength, bilaterally tender of the medial epicondyle, negative Tinel's and negative Phalen's testing, and sensory exam intact. Examination of the lumbar spine revealed the injured worker had bilateral lumbar paraspinal tenderness and reduced range of motion. The left knee exam revealed the injured worker had both medial and lateral joint line tenderness with range of motion reported as stiff. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 500GM: 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 Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Voltaren gel 1% as indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The MTUS Chronic Pain Guidelines further state it has not been evaluated for treatment of the spine, hip, or shoulder. The injured worker has presented with pain in the knees that would be indicated for usage by the guidelines. However, the documentation did not indicate whether the Voltaren gel was to be used on the low back or for indications of pain over the knee. Additionally, it is not indicated as to whether or not there was a failure of utilization of oral medication and no rationale as to why the injured worker being directed toward using topical analgesics in addition to the oral medications already being utilized. Without documentation of the body part to be utilized by the Voltaren gel and the rationale as to why oral medication cannot be used, the request cannot be supported by the guidelines. As such, the request is not medically necessary and appropriate.