

Case Number:	CM14-0020551		
Date Assigned:	04/25/2014	Date of Injury:	07/21/2002
Decision Date:	07/07/2014	UR Denial Date:	02/13/2014
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 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 July 21, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; a cane; muscle relaxants; and topical agents. In a Utilization Review Report dated February 13, 2014, the claims administrator approved request for oxycodone and Percocet while denying a request for Voltaren gel. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant reported 8-9/10 low back pain without medications and 2-3/10 pain with medications. The applicant requested refills of Voltaren gel, OxyContin, and Percocet. The applicant had reportedly succeeded in ceasing smoking, it was suggested. The applicant was given diagnoses of chronic low back pain, carpal tunnel syndrome, and chronic pain syndrome. Flexeril, oxycodone, Percocet, and Voltaren gel were apparently renewed. The applicant was apparently permanent and stationary and did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 300 GRAM QTY: 3.00: 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.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical treatment. In this case, however, there is no evidence that the applicant carries a diagnosis of small joint arthritis which is amenable to topical treatment. Rather, the applicant has chronic low back pain. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren has not been evaluated for treatment of the spine, the body part in which the applicant is reporting pain. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. It is further noted that the applicant's concurrent usage of Oxycodone and Percocet effectively obviates the need for Voltaren gel. Therefore, the request is not medically necessary and appropriate.