

Case Number:	CM14-0021660		
Date Assigned:	05/05/2014	Date of Injury:	07/31/2012
Decision Date:	07/21/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 57-year-old female patient with a 7/31/12 date of injury. 2/4/14 progress report indicates continued neck pain and left ankle pain. The patient reports that the medication does not control her pain adequately. Physical exam demonstrates cervical tenderness and spasm, restricted cervical range of motion with reduced sensation in the bilateral median nerve distribution. There is bilateral lateral elbow tenderness, bilaterally positive Tinel's and Phalen's test at the wrists. There is bilateral knee tenderness positive McMurray test. The ATFL is tender to palpation. The patient was prescribed Voltaren gel on 2/4/14, 1/7/14, 12/17/13. 11/19/13 psychological evaluation indicates some memory impairment secondary to depression or anxiety. Treatment to date has included acupuncture, medication, and Voltaren gel, which helps mildly. There is documentation of a previous 1/23/14 adverse determination because Voltaren Gel was prescribed beyond the acute phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-Steroidal Anti-Inflammatory Drugs (Nsaid).

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

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, the patient was prescribed Voltaren Gel multiple times with no following assessment of efficacy with previous Voltaren Gel therapy. This is also inconsistent with guidelines recommendations that state that efficacy has been demonstrated for the first two weeks, but not after. There is no evidence that the patient's complaints are primarily osteoarthritic in nature. Therefore, the request for Voltaren Gel 1% is not medically necessary.