

Case Number:	CM14-0029382		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2012
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 and Ohio. 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 36-year-old with reported injury on October 21, 2012 injuring her right hip while pushing a large cart of supplies. She had tried physical therapy and medication. Nothing was helpful. Upon exam the right hip had full range of motion, but significant weakness and pain. Previous radiographs were unremarkable and the previous MRI scan showed effusion. The recommended treatment of plan was Lexapro and Voltaren gel, as well as physical therapy with ultrasound, massage and therapeutic exercises. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend to utilize topical analgesics for the treatment of the spine, hip or shoulder. Voltaren gel has not been evaluated for this type of treatment. The guidelines do however, recommend topical analgesics

for osteoarthritis and tendinitis particularly in the knee and elbow. Furthermore, the request does not specify which body part to apply the gel nor does it give directions as to how often. The request for Voltarin gel is not medically necessary or appropriate.