

<b>Case Number:</b>	CM14-0031502		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 patient is a 56 year old female, date of injury 4/17/13. Subsequent to a slip and fall, she has developed chronic neck, right upper extremity and low back pain that radiates into the legs. She has been trialed on several opioid and non-opioid medications with minimal success. The primary treating physician has discontinued prescribing opioids due to the patient receiving opioid medications from other physicians. She has trialed Voltaren gel and it is specifically documented that it was not helpful. She has been diagnosed with an anxiety and depressive disorder and is on antidepressant medications. There are no reported plans to return to work. She is involved in an aquatic exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Evaluation for functional restoration program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 29-31.

**Decision rationale:** MTUS guidelines are very specific with stating the only proven successful programs should be considered for a chronic pain program. There is no objective data revealing

the outcomes in workers' compensation patients from the potential program. Prior to approval of an evaluation for this program it is reasonable to request and review prior outcomes in the workers' compensation population secondary to this program. This would be very important in this patient as there are several factors that point to non-success: Negative outlook about employment, psychological distress, high reported pain levels (10/10), and a history of opioid misuse.

**1 Voltaren Gel 1%#1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Guidelines are very specific on the medical conditions supporting a trial of topical NSAID's i.e. for use only on joints that are amenable to treatment. In the Guidelines both the shoulder and the spine are not considered amenable to treatment with topical NSAIDS. The records clearly state that the Voltaren gel was trialed and was not beneficial.