

Case Number:	CM14-0033546		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2012
Decision Date:	08/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 records presented for review indicate that this 56-year-old male was reportedly injured on June 6, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 13, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Naproxen, Norco, and Prilosec. There was a request for a refill of Voltaren gel. The physical examination demonstrated tenderness of the lower lumbar spine and pain radiating to the foot. A request had been made for Voltaren gel and was not certified in the pre-authorization process on February 27, 2014.

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 analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, topical anti-inflammatories are only specifically indicated for treatment of osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints. There is little evidence to

utilize topical NSAIDs for treatment of osteoarthritis of the spine. The injured employee has been diagnosed with spinal conditions including lumbar disc displacement and spinal enthesopathy. Considering this, the request for Voltaren gel is not medically necessary.