

Case Number:	CM14-0037271		
Date Assigned:	06/25/2014	Date of Injury:	03/30/2005
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 injured worker is a 60-year-old male who was reportedly injured on March 30, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 3, 2014, indicated that there were ongoing complaints of bilateral shoulder pain, neck pain, low back pain, hip pain bilateral knee pain, and left arm pain. Current medications include fentanyl patches, sumatriptan and Voltaren gel. The injured employee's pain level was stated be 10/10 without medications and 4/10 with medications. The physical examination demonstrated an antalgic gait with difficulty performing transfers. There was decreased cervical and lumbar spine range of motion with spasms. Decreased sensation was noted at the left C6 nerve distribution. Diagnostic imaging studies were not commented on. Previous treatment included a lumbar epidural steroid injection, which has provided 80% to 90% relief of left upper extremity pain for 3 to 4 months. Treatment has also included other lumbar spine epidural steroid injections and cervical spine epidural steroid injections and medial branch blocks. 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 1% 400gm with 1 refill: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, topical nonsteroidal anti-inflammatory agents such as Voltaren gel are only indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow, or other joints amenable to the topical treatment. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip, or shoulder. According to the most recent medical record, dated February 3, 2014, the injured employee had complaints throughout the body; however, physical examination focused on the cervical and lumbar spine. Furthermore, the diagnoses on this date involved the cervical spine and lumbar spine and shoulder. Therefore, the request for Voltaren gel 1% 400gm with 1 refill is not medically necessary and appropriate.