

Case Number:	CM14-0042460		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2004
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 General Preventive Medicine and is licensed to practice in Iowa. 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 43 year old employee who was injured 10 years ago, and has been diagnosed with lumbar disc disease with radiculopathy and lower extremity neuropathies. The employee has been seeking medical care for ongoing low back and buttock pain. About 9 months ago, he had spinal trigger point injections. However, for his pain, he is primarily being treated with medications (Voltaren gel, Skelaxin, and Percocet).

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 Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The above cited guidelines state that Voltaren gel 1% is indicated for the relief of osteoarthritis joint pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of spine or hip. The records do not indicate this employee has osteoarthritis in any joints that would lend themselves to

topical treatment with Voltaren as per the guidelines. Therefore, Voltaren gel is not medically necessary.