

Case Number:	CM14-0045396		
Date Assigned:	06/27/2014	Date of Injury:	08/25/2006
Decision Date:	08/14/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 60-year-old female who sustained a work related injury on 8/25/2006 as a result of rolling a garbage bin into an elevator when her heels got caught on a folded box and the barrel tipped, taking her with it. The patient complains of bilateral lower back, bilateral neck and wrist pain that is 7-8/10, that decreases to 5/10 with medication use. Her pain is described as achy and has been ongoing since the date of injury. Her pain is exacerbated by sitting, prolonged standing, lifting, twisting her back, driving, and lying down. Her pain is improved with sitting, stretching, medications, using a lumbar support and walking. Physical examination reveals tenderness upon palpation of the right dorsal wrist, cervical and lumbar paraspinal muscles. Her right wrist, bilateral lower extremity, cervical and lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive bilaterally. Pressure upon her sacral sulcus was positive on the right. Her current medicinal regimen includes Tylenol with Codeine #3, Celebrex 200mg, and Voltaren 1% gel 100mg. In dispute is a decision for Voltaren Gel 1% 300g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 300g: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 105, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 112.

Decision rationale: Voltaren gel is indicated for, and FDA-approved for, the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32g per day (8g per joint, per day, in the upper extremity and 16g per joint, per day, in the lower extremity). Although the patient's records indicate she utilizes the Voltaren gel to treat her shoulder pain, for which the medication has not been studied, it is authorized for use in the topical treatment of wrist pain. As such, the request is medically necessary.