

Case Number:	CM14-0046523		
Date Assigned:	07/02/2014	Date of Injury:	10/01/2003
Decision Date:	08/27/2014	UR Denial Date:	03/11/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and transfer of care to and from various providers in various specialties. In a March 11, 2014 progress note, the claims administrator denied a request for Voltaren gel. The applicant's attorney subsequently appealed. In a March 28, 2007 medical-legal evaluation, the applicant was described as (permanently totally disabled) and receiving Social Security Disability Insurance (SSDI). The applicant was given 33% person whole person impairment rating. In a handwritten request for authorization dated February 27, 2014, authorization for Voltaren gel was sought. In a progress note dated February 26, 2014, the applicant did present with low back pain, neck pain, and vertigo. The applicant was described as using a variety of medications, including Lidoderm patches, Motrin, Norco, Ativan, meclizine, Prilosec, Pepcid, albuterol, Phenergan, Tigan, Tylenol No.3, Vicodin, and Voltaren. There was no discussion of medication efficacy incorporated into the note. Similarly, a January 15, 2014 progress note also compromised largely of the applicant's medication list. Little or no narrative commentary discussed in the applicant's response to the medication in question was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Voltaren 1% Topical Gel Quantity Six Two Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application. Voltaren has not been evaluated for treatment insofar as the spine, hip, and shoulder are concerned. In this case, however, the applicant's primary pain generator is, in fact, the spine. The applicant's has primary pain complaints of cervical and lumbar spine pain. Voltaren has not been evaluated in the treatment of the same, it is stipulated on page 112 of the MTUS Chronic Pain Guidelines. No applicant-specific rationale, narrative commentary, or medical evidence was attached to the request for authorization so as to offset the unfavorable MTUS recommendation. There was no discussion of medication efficacy incorporated into any of the cited progress notes. The fact that the applicant has failed to return to work, is receiving monies both through the worker's compensation and Social Security systems, and remains highly reliant on opioid therapy with Vicodin, taken together, implies a lack of functional improvement. Therefore, the request is not medically necessary.