

Case Number:	CM14-0049431		
Date Assigned:	06/25/2014	Date of Injury:	09/09/1997
Decision Date:	08/13/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 57-year-old male who was reportedly injured on 9/9/1997. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 4/7/2014, indicated that there were ongoing complaints of low back pain that radiated to the legs, and left knee pain. The physical examination demonstrated straight leg raise was negative and only produced knee pain. There was also mild swelling on the lateral aspect of the left knee and crepitus with range of motion. Range of motion was 0 to 210. Muscle strength was 5/5 bilateral lower extremities. Reflexes were 2+ in bilateral lower extremities and a slight antalgic gait. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for Voltaren gel 1% 4 times a day 500 grams and was not certified in the pre-authorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4 times a day QTY: 500 for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical analgesics such as Voltaren gel are recommended as an option as indicated below, largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. After review of the medical records provided, there was no documentation of the first-line treatment failure, as well as documentation of neuropathic pain on physical examination. Therefore, the request for this medication is deemed not medically necessary.