

Case Number:	CM14-0055615		
Date Assigned:	07/09/2014	Date of Injury:	01/27/1995
Decision Date:	09/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 male who was injured on 1/26/1995. The diagnoses are head injury, bilateral shoulders, bilateral hips and right elbow pain. There are co-existing diagnoses of diabetes mellitus, cerebrovascular accident (CVA) and cerebella infarction. The patient was diagnosed with headache that is non-response to standard treatment with Fioricet, Midrin, Tylenol, Ultracet or other headache medications. On 4/1/2014, [REDACTED] noted that the patient had chronic psoriatic arthritis and memory loss. There are gastrointestinal symptoms secondary to NSAIDs use that is responding to treatment with Cimetidine. Other medications are Baclofen for muscle spasm and Lunesta for sleep. A Utilization Review determination was rendered on 3/20/2014 recommending non certification for Voltaren gel 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 2 GM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS recommends that the use of NSAIDs be limited to the lowest effective dose for the shortest periods to decrease the incidence of cardiovascular, renal and gastrointestinal side effects. Topical NSAIDs are utilized in in patients who cannot tolerate oral medications or patient with significant organ dysfunction. The records indicate that the patient being treated for NSAIDs related gastrointestinal side effects with cimetidine. The patient is also utilizing low dose aspirin for cardiac disease. The criteria for the use of Voltaren 2% gel was met.