

Case Number:	CM14-0072324		
Date Assigned:	07/16/2014	Date of Injury:	06/06/1955
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 records presented for review indicate that this 59-year-old female was reportedly injured on June 4, 2012. The mechanism of injury is noted as prolonged walking and standing on hard cement floors. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of neck and upper back pain, bilateral shoulder pain, low back pain, left hip pain, and bilateral knee pain. The physical examination demonstrated tenderness over the lateral aspect of the left hip. Examination of the right knee notes tenderness over the medial and lateral joint lines as well as patellar region. There was a right knee effusion and crepitus. The physical examination of the left knee noted mild tenderness over the medial and lateral joint lines as well. There was also left knee crepitus with motion. Diagnostic imaging studies were not reviewed during this visit. A request had been made for Voltaren gel and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, Quantity one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112.

Decision rationale: The California MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory. When noting the absence of documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore this request for Voltaren gel is not medically necessary.