

Case Number:	CM14-0079655		
Date Assigned:	07/18/2014	Date of Injury:	01/25/1999
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 53 year-old female who was reportedly injured on 1/25/1999. The mechanism of injury is not listed. The most recent progress note dated 4/29/2014 is the utilization review which indicates that there are ongoing complaints of wrist and upper extremity pain. No physical examination or medical documentation was submitted for review. No diagnostic studies are available for review. Previous treatment includes placement of spinal cord stimulator, medications, and conservative treatment. A request was made for Voltaren gel 1% and was not certified in the pre-authorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% JG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: Voltaren gel is a topical non-steroidal anti-inflammatory drugs indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis,

there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, the request is considered not medically necessary.