

Case Number:	CM14-0087274		
Date Assigned:	07/23/2014	Date of Injury:	11/19/2004
Decision Date:	09/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopedic Surgery 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 injured worker is a 46 year-old male who was reportedly injured on November 19, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 24, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated well-developed and well-nourished individual in no cardio respiratory distress. There was no evidence of sedation. No other findings are reported. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications, 17 sessions of acupuncture, lumbar surgery and pain intervention techniques. A request was made for Voltaren gel and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111.

Decision rationale: When noting the date of injury, the injury sustained, the most current findings on physical examination, and the complete lack of any noted efficacy or utility with the use of this preparation; tempered by the parameters outlined in the California Medical Treatment Utilization Schedule, there is no clear clinical indication presented that the continued use of this medication is medically necessary. The use of topical non-steroidal's, particularly for the lumbar region, has not been proven to demonstrate any increased medication delivery. Therefore, based on data presented Voltaren Gel 1% #1 is not medically necessary.