

Case Number:	CM14-0013311		
Date Assigned:	02/26/2014	Date of Injury:	09/29/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 9/29/11. He reported neck and lower back pain. The injured worker was diagnosed as having acute thoracolumbar contusion with chronic lumbosacral strain, chronic cervical strain, multiple non-orthopedic issues and history of left rib fractures. Treatment to date has included Motrin, physical therapy, (CT) computerized tomography scan of pelvis and abdomen, lumbar (MRI) magnetic resonance imaging and a lumbar brace. Currently, the injured worker complains of persistent low back and neck pain. He states his lower back pain does radiate down his left leg and there is weakness on the left. The current treatment plan includes Motrin and Voltaren gel. The progress note dated 1/7/14 revealed decreased range of motion and tenderness to the trapezius and paraspinals equally. The injured worker has been authorized for TENS unit, however he has yet to receive it.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% SIG APPLY A THIN LAYER TO LS AND CS AREA TWO TIMES DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studies for use on spine, hip and shoulder. Voltaren gel for application to cervical and lumbar spine is not medically indicated.