

Case Number:	CM14-0187281		
Date Assigned:	11/17/2014	Date of Injury:	07/13/2005
Decision Date:	01/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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:

This is a 49-year-old male with a 7/13/05 date of injury. According to a progress report dated 10/9/14, the patient complained of increased neck pain, especially when bending over, causing increased spasms in the back of his neck. Objective findings: increased neck spasms, stiff range of motion, and pain on palpating anterior aspects of both shoulders. Diagnostic impression: neck strain, cervical spine degenerative disc disease. Treatment to date includes medication management, and activity modification. A UR decision dated 10/29/14 denied the request for Voltaren gel. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the use of the medications prescribed was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. However, in the present case, there is no documentation that this patient has a diagnosis of osteoarthritis. In addition, there is no documentation that he cannot tolerate an oral NSAID medication. Therefore, the request for Voltaren Gel 1% is not medically necessary.