

Case Number:	CM14-0196490		
Date Assigned:	12/04/2014	Date of Injury:	03/20/2006
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 44 year old female who suffered an industrial related injury on 3/20/06. A physician's report dated 5/2/14 noted the injured worker had diagnoses of psychalgia and lumbar post-laminectomy syndrome. The injured worker had complaints of low back pain. The injured worker was participating in a home exercise program. The injured worker was prescribed Lidoderm patches and Voltaren topical gel. A physician's report dated 10/27/14 noted continued complaints of low back pain and the injured worker continued to use Lidoderm patches and Voltaren gel. The physician noted the injured worker had been relying very little on medication to manage her pain although she does occasionally need relief of pain and stiffness to the low back. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100gm tubes (inclusive of 3 refills QTY: 12.00): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule indicates there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. Voltaren is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment and it has not been evaluated for the treatment of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had been utilizing Lidoderm patches and Voltaren gel. There was a lack of documentation indicating a necessity for both Voltaren and Lidoderm and a necessity for 3 refills of Voltaren. The objective functional benefit and an objective decrease in pain were not provided. The frequency was not provided per the submitted request. Given the above, the request for Voltaren 1% gel 100 gm tubes (inclusive of 3 refills QTY: 12.00) is not medically necessary.