

Case Number:	CM14-0197037		
Date Assigned:	12/05/2014	Date of Injury:	09/02/2003
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and bilateral shoulder pain reportedly associated with an industrial injury of September 2, 2003. In a Utilization Review Report dated October 24, 2014, the claims administrator denied Voltaren gel reportedly dispensed on September 19, 2014. The claims administrator posited that the applicant's primary pain generator were the neck, back, and shoulder. The claims administrator referenced a September 19, 2014 progress note in its denial. The claims administrator alluded to the applicant's having derivative complaints of psychological stress and depression. In a July 3, 2014 progress note, the applicant reported ongoing complaints of neck, bilateral shoulder, and low back pain, 8/10. Lidoderm patches, Flector patches, Ultram extended release, Skelaxin, and omeprazole were endorsed. Work restrictions were also endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On October 29, 2014, the applicant reported multifocal complaints of shoulder, neck, and low back pain, 7/10. The applicant was status post earlier cervical fusion surgery and had developed derivative complaints of depression, insomnia, and headache, it was acknowledged. Ultram, Flector, and Lidoderm patches were renewed and/or continued. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren Gel 2-4gm #100, DOS: 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 7, 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the neck, bilateral shoulders, and low back. It is not clear why topical Voltaren gel has been endorsed for body parts and/or diagnoses for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Furthermore, the requesting provider has given the applicant concomitant prescriptions for another Diclofenac/Voltaren derivative, namely topical Flector patches. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into its choice of recommendations. Here, no rationale was furnished for provision of Voltaren in conjunction with Flector patches. Therefore, the request was not medically necessary.