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| Case Number: | CM14-0205751 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 06/03/2009 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 Emergency 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 injured worker is a 50 year-old female who sustained an injury on June 3, 2009. The mechanism of injury occurred from issues with desk set-up. Diagnostics have included: 2009 cervical MRI reported as showing C5-6 disc bulge. Treatments have included: medications, cervical epidural injection. The current diagnoses are: chronic pain, cervical radiculopathy, lumbar radiculopathy. The stated purpose of the request for Voltaren 1% gel 300gm was not noted. The request for Voltaren 1% gel 300gm was denied on December 3, 2014, citing a lack of documentation of medical necessity. Per the report dated November 20, 2014, the treating physician noted complaints of neck and back pain. Exam showed cervical and lumbar tenderness, decreased sensation to the left C5-6 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 300gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory medi.

Decision rationale: The requested Voltaren 1% gel 300gm is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has neck and back pain. The treating physician has documented cervical and lumbar tenderness, decreased sensation to the left C5-6 dermatomes. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Voltaren 1% gel 300gm is not medically necessary.