

Case Number:	CM14-0207604		
Date Assigned:	12/19/2014	Date of Injury:	04/22/2010
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in Hospice palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old gentleman with a date of injury of 04/22/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/10/2014 indicated the worker was experiencing pain throughout the spine and back that went into the groin and neck stiffness. The documented examination described tenderness in the upper back with muscle tightness, decreased motion in the upper and lower back joints, positive Spurling's testing, tenderness in the lower back and back of the pelvis, and positive testing involving raising straightened legs. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain, bilateral inguinal strain, end-stage kidney disease requiring hemodialysis, and leukemia. Treatment recommendations included topical pain medication, a home exercise program, MRI of the upper and lower back, and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for 200g of Voltaren (diclofenac) 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 200gm: Overturned

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

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

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain, bilateral inguinal strain, end-stage kidney disease requiring hemodialysis, and leukemia. The use of topical Diclofenac is more likely than other medications to provide benefit and less likely to result in complications or negative side effects in this clinical setting and is supported by the Guidelines. In light of this supportive evidence, the current request for 200g of Voltaren (Diclofenac) 1% gel is medically necessary.