

Case Number:	CM14-0216405		
Date Assigned:	02/05/2015	Date of Injury:	07/26/2006
Decision Date:	04/02/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female who reported an injury on 07/26/2006 due to an unspecified mechanism of injury. On 08/19/2014, she presented for a follow up evaluation regarding her work related injury. She reported neck pain radiating into both shoulders and the left arm rated at a 7/10 and left upper extremity radicular pain. Her medications included gabapentin, diclofenac sodium XR, ketoprofen, famotidine, Myfortic, prednisone, aspirin, cyclobenzaprine, and compound cream. A physical examination showed that she had a nonantalgic gait, with no assistive devices used for walking. She was able to sit for 15 minutes without any limitations or evidence of pain. Her diagnoses included cervical disc with radiculitis, degeneration of the lumbosacral discs, and shoulder pain with depressive disorder NOS. The treatment plan was for Voltaren topical gel 1% 2g #2 with 1 refill. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren topical gel 1% 2g #2 with 1 refill.: 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 Analgesics.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed recommended oral medications or that she is intolerant to oral medications to support the request for topical analgesic. Also, her response to this medication in terms of a quantitative decrease in pain or an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated within the request, and the request for 1 refill would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.