

Case Number:	CM14-0070570		
Date Assigned:	07/14/2014	Date of Injury:	11/09/1990
Decision Date:	02/05/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 49 year-old male with an 11/09/1990 date of injury. According to the 4/1/2014 pain management report, the patient presents with neck and upper back pain that radiates down the left upper limb. His diagnoses include spondylosis cervical spine; COAT; Chronic pain; Lateral epicondylitis; arthropathy; failed back surgery syndrome; brachial neuritis; insomnia; myalgia; depression; cervicalgia. The physician has recommended Voltaren gel 1% for the elbow and states that without medications the pain is 6/10 and with medications it is also a 6/10. Function and quality of life is identical with or without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% apply QID with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 9.

Decision rationale: The request is for use of Voltaren 1% gel. Voltaren gel is a topical NSAID. MTUS chronic pain medical treatment guidelines, pages 111-113, for Non-steroidal antiinflammatory agents (NSAIDs) states the indications are: Osteoarthritis and tendinitis, in

particular, that of the knee and elbow or other joints that are amenable to topical treatment:MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The available medical records show no improvement in pain, function or quality of life with use of the Voltaren gel. The request is for use of Voltaren 1% gel apply QID with one refill, is not medically necessary.