

Case Number:	CM15-0001716		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2008
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 09/16/2008. The mechanism of injury was not provided. The diagnoses include thoracic pain and mid back pain. Past treatment was noted to include medications. On 11/11/2014, it was indicated that the injured worker was upset and angry that a Tempurpedic mattress was denied. There were no quantitative objective findings upon physical examination. Relevant medications were noted to include Celebrex 200 mg, Nexium 40 mg, Zofran 8 mg, Biofreeze gel, Cymbalta 30 mg, Topamax 200 mg, and Voltaren gel. The treatment plan was noted to include medications. A request was received for Voltaren gel (diclofenac sodium topical gel) 1% without a rationale. The Request for Authorization was signed 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium Topical Gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG, Web Edition

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

Decision rationale: The request for Voltaren gel (diclofenac sodium topical gel) 1% is not medically necessary. According to the California MTUS Guidelines, topical NSAIDs, such as Voltaren gel, are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow. The clinical documentation submitted for review did not indicate that the injured worker had tried and failed antidepressants and anticonvulsants nor was it indicated that the injured worker had osteoarthritis or tendonitis. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify which body region this is to be applied to. As such, the request for Voltaren gel (diclofenac sodium topical gel) 1% is not medically necessary.