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| Case Number: | CM15-0004858 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 12/23/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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 44-year-old female who reported an injury on 12/23/2013 due to an unspecified mechanism of injury. On 10/23/2014, the injured worker presented for a followup evaluation. She stated that her pain remained unchanged, and did not want to proceed with medial branch blocks. She stated that her narcotics were helpful. A physical examination showed tenderness over the facets of the lumbar spine, a negative straight leg raise bilaterally, and range of motion of the lumbar spine at flexion to 40, extension to 5, right sided bending to 10, and left sided bending to 20. Examination of the shoulders and ankles showed pain with range of motion. She also had a mildly positive axial compression test. It should be noted that the documentation provided was handwritten and mostly illegible. The treatment plan was for Voltaren gel quantity 1. No rationale was given regarding the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel, quantity of one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was not noted to have neuropathic pain. Therefore, the request for a topical analgesic would not be supported. In addition, it was not stated that she had tried and failed recommended oral medications prior to the request for a topical analgesic to support the request. Furthermore, the frequency and dosage of the medication were not provided within the request. Given the above, the request is not medically necessary.