

Case Number:	CM15-0106974		
Date Assigned:	06/11/2015	Date of Injury:	09/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old man sustained an industrial injury on 9/30/2013. The mechanism of injury is not detailed. Diagnoses include lumbosacral sprain/strain, lumbosacral radiculitis, lumbar herniated nucleus pulposus, bilateral hip sprain/strain, and bilateral foot pain. Treatment has included oral medications and lumbar epidural steroid injection. Physician notes dated 7/23/2014 show complaints of lumbar spine and bilateral hip pain rated 7/10 with radiation to the bilateral lower extremities. Recommendations include follow up with pain management, Kera-Tek analgesic gel, Diclofenac/Lidocaine cream, wean Tramadol, and urine drug screen during the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on other topical analgesics along with oral opioids. The claimant did not have the above diagnoses and the request for additional topical analgesics is not justified. Length of application and use is unknown. The Voltaren topical is not medically necessary.