MAXIMUS Federal Services

Case Number:	CM15-0131084		
Date Assigned:	07/17/2015	Date of Injury:	07/03/2002
Decision Date:	09/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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
Certification(s)/Specialty: Emergency Medicine

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 67-year-old female, who sustained an industrial injury on 7/3/2002. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar bulges, degeneration, spondylosis and facet hypertrophy, bilateral knee degenerative joint disease, and right wrist DeQuervains. Treatment to date has included medications, physical therapy and occupational therapy. The request is for Voltaren gel. On 1/2/2015, a work status report indicated she was on modified duty restrictions. Several pages of the medical records have handwritten information, which is difficult to decipher. On 1/2/2015, she complained of right wrist pain attributed to the use of a cane in ambulation, low back pain, and knee pain. She is reported to have completed physical therapy for her knee. She is scheduled to start occupational therapy for bilateral knee pain. Physical findings revealed bilateral knee tenderness and swelling. Her low back is noted to have decreased range of motion and a positive straight leg raise test bilaterally. The provider noted she had improvement from 6 sessions of physical therapy. The treatment plan included magnetic resonance imaging of the lumbar spine, and continues occupational therapy. On 2/12/2015, she reported relief of her low back pain with a lumbar support. The treatment plan included: lumbar spine magnetic resonance imaging review, and observe, continue modified work. On 6/4/2015, she reported having no changes to her symptoms. Physical findings revealed decreased wrist pain, increased strength, and decreased back pain. The provider noted that she prefers topical NSAID better and gave her a prescription for Voltaren gel. She continued with modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Voltaren gel 1% #100 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has no changes to her symptoms. Physical findings revealed decreased wrist pain, increased strength, and decreased back pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 1% #100 is not medically necessary.