MAXIMUS Federal Services

Case Number:	CM15-0138146		
Date Assigned:	07/28/2015	Date of Injury:	07/11/2005
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of July 11, 2005. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced an order form dated June 9, 2015 in its determination. The claims administrator did, however, approve requests for Norco and Neurontin. The claims administrator, however, approved requests for Norco and Neurontin. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of headaches, neck pain, wrist pain, and shoulder pain. The attending provider stated that the applicant was applying Voltaren gel to her arm, neck, and shoulder. Multiple medications were prescribed. The applicant stated that pain was impacting her mood, relationships, work, concentration, and overall day-to-day functioning. The applicant's work status was not stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% to skin 2gm twice daily #2 tubes (refill 3) prescribed 6/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, however, two of the applicant's primary pain generators were the cervical spine and right shoulder, i.e., body parts for which topical Voltaren has not evaluated. The attending provider did not furnish a clear rationale for provision of Voltaren gel for body parts for which it had not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, nor did the attending provider state why he was prescribing topical agents for relatively widespread regions not easily amenable to topical application. Therefore, the request is not medically necessary.