

Case Number:	CM15-0141490		
Date Assigned:	07/31/2015	Date of Injury:	02/28/2010
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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 40-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of February 28, 2010. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced a June 18, 2015 RFA form and an associated progress note of the same day in its determination. The claims administrator's medical evidence log, however, suggested the most recent note on file was dated February 14, 2015; thus, the June 2015 progress note, which the claims administrator seemingly based its decision upon was not seemingly incorporated into the IMR packet. On February 7, 2015 RFA form, authorization for shoulder surgery, Tramadol, Naprosyn, physical therapy, and x-rays were sought. In an associated progress note of the same date, February 7, 2015, Tramadol and Naprosyn were prescribed for primary complaints of shoulder pain. In a February 14, 2015 progress note, the applicant reported multifocal complaints of low back, elbow, knee, and shoulder pain, collectively at 5/10. Work restrictions were endorsed. The applicant was asked to transfer care to a pain management specialist. It did not appear that the applicant was working, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #1: 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 topical 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 pain here. However, two of the applicant's primary pain generators were, in fact, the lumbar spine and shoulder, as suggested on progress notes of February 7, 2015 and February 14, 2015, referenced above. Said progress notes of February 7, 2015 and February 14, 2015, furthermore, made no mention of the applicant's using topical Voltaren gel on those dates. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as Voltaren gel can be employed in the treatment of arthritis and tendonitis of the knee or elbow and/or other joints, which are amenable to topical treatment, i.e., some of the joints which were also seemingly impacted here, the progress notes provided of February 7, 2015 and February 14, 2015 made no mention of the applicant using or applying Voltaren gel to the knee or elbow on those dates. It is acknowledged, however, that the June 2015 RFA form and associated progress note(s) which the claims administrator based its decision upon were not seemingly incorporated into the IMR packet. The information, which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.