

Case Number:	CM15-0181473		
Date Assigned:	09/22/2015	Date of Injury:	11/07/1999
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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 76-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 7, 1999. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced an August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 12, 2015, Voltaren gel, Norco, and Neurontin were endorsed. In an associated progress note dated August 12, 2015, the applicant reported ongoing complaints of chronic low back pain radiating into the thighs. Norco was endorsed because previously provided tramadol had proven ineffectual. Voltaren gel was also seemingly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren 1% gel 5-100 g with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. Here, however, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It was further noted that the applicant's concomitant usage of first-line oral pharmaceuticals such as Norco and Neurontin, moreover, effectively obviated the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.