

Case Number:	CM15-0184526		
Date Assigned:	09/25/2015	Date of Injury:	08/02/2012
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/19/2015

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: New York, West Virginia, Pennsylvania
 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 46 year old male, who sustained an industrial injury on August 02, 2012. The injured worker was diagnosed as having sprains and strains of the neck, sprain and strain of the thoracic spine, lumbar disc displacement without myelopathy, and pain to the shoulder joint. Treatment and diagnostic studies to date has included use of a cane, use of transcutaneous electrical nerve stimulation, medication regimen, cognitive behavioral therapy, left rib x-ray, magnetic resonance imaging of the cervical spine, electromyogram of the bilateral lower extremities, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the thoracic spine, and magnetic resonance imaging of the left shoulder. In a progress note dated August 28, 2015 the treating physician reports complaints of persistent pain to the right ankle and chronic pain to the neck, left shoulder, mid back, and the low back. Examination performed on August 28, 2015 was revealing for spasms and guarding to the lumbar spine and pain with weight bearing to the right ankle. On August 28, 2015 the injured worker's medication regimen included Doxepin Cream, Metformin HCl, Omeprazole DR, and Simvastatin since at least March of 2015. In the progress note on August 28, 2015, the treating physician noted that the injured worker's pain "was slightly better with the use of topical medication" along with noting that the injured worker "has been avoiding the use of oral medication secondary to possible gastric ulcer", but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. During this physician visit, the physician noted that the injured worker previously took the medication

Tramadol (at least prior to March 2015) "which decrease his pain by approximately 50%". On the treating physician requested August 28, 2015 the treating physician requested the medication Voltaren 1% Gel as needed noting the discontinuation of the medication Doxepin 3.3%. On September 14, 2015, the Utilization Review determined the request for Voltaren Gel 1% as needed to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that topical agents are largely experimental and that Voltaren gel is primarily recommended as a second line treatment for relief of osteoarthritis pain. In this case, there was no evidence of a trial and failure of first line anti-inflammatory agents. The request for topical Voltaren is not medically appropriate and necessary.