

Case Number:	CM15-0187967		
Date Assigned:	09/29/2015	Date of Injury:	11/21/2006
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 68 year old male, who sustained an industrial injury on 11-21-2006. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for sciatica, displacement of lumbar intervertebral disc without myelopathy, and degeneration of lumbar intervertebral disc. Treatment and diagnostics to date have included home exercise program and medications. Current medications include etodolac, hydrocodone-acetaminophen, Lyrica, and Voltaren 1% topical gel (apply 2-4 grams to the affected area(s) by topical route 4 times per day since at least 02-11-2015). After review of progress notes dated 07-06-2015 and 09-09-2015, the injured worker reported back and leg pain. Objective findings included negative seated straight leg raise test bilaterally with 2+ reflexes in the knees but absent in the ankles. The Utilization Review with a decision date of 09-17-2015 non-certified the request for Voltaren 1% #2 100gm tubes with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% #2 100gm tubes with 5 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

Decision rationale: The CA MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the most recent medical records available (09-09-2015), the injured worker has been treated with topical Voltaren; however, there is no evidence of objective functional improvement in the notes. Coupled with the lack of evidence for use in the surface regions of this injured worker's complaints and that it is not indicated for neuropathic pain, the request for Voltaren 1% #2 100gm tubes with 5 refills is not medically necessary.