MAXIMUS Federal Services

Case Number:	CM15-0191886		
Date Assigned:	10/05/2015	Date of Injury:	03/08/2011
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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, Florida, 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 injured worker is a 50 year old male who sustained an industrial injury on 3-8-2011. A review of medical records indicates the injured worker is being treated for disc bulge, lumbar spine with left sided L5 radiculopathy and osteoarthritis, bilateral knees. Medical records dated 8-31-2015 noted bilateral knee pain and low back pain. Examination of the lumbar spine revealed spasm about the lower lumbar region. There was tenderness to palpation of the paraspinal region. He had increased pain with motion. Examination of the knee revealed a moderate effusion bilaterally which was worse to the left. There was tenderness present along the medial and lateral patellofemoral joint line bilaterally. Treatment has included pain management, TENS, epidural steroid injection, a home exercise program, and Voltaren gel since at last 8-31- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) (updated 11/21/14).

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

Decision rationale: The claimant was injured 4 years ago. Voltaren gel has been used at least since August. The documentation of objective, functional improvement out of the regimen is not noted. Per the MTUS, Voltaren Gel 1% (diclofenac) is 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. There is no mention of oral medicine intolerance that might drive the need for a topical gel. The request is not medically necessary.