

Case Number:	CM15-0193737		
Date Assigned:	10/14/2015	Date of Injury:	04/08/2005
Decision Date:	11/30/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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 59-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 8, 2005. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve requests for Voltaren gel and oral Soma. The claims administrator referenced an RFA form received on March 31, 2015 and an associated progress note dated March 16, 2015 in its determination. The applicant's attorney subsequently appealed. On said March 16, 2015 office visit, the applicant reported ongoing complaints of knee pain. The applicant was asked to continue using an anti-inflammatory cream on her hands and a muscle relaxer to help her sleep at night. The attending provider contended that the applicant was working as of this point in time. The applicant had issues with knee degenerative joint disease status post earlier knee surgery. On October 21, 2014, it was stated the applicant was using Voltaren gel to ameliorate issues with wrist flexor tenosynovitis and wrist paresthesias. On this date, treating provider stated that the applicant was unemployed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100g, #5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren gel are not recommended in the treatment of neuropathic pain. Here, an October 21, 2014 office visit suggested that the applicant was in fact using Voltaren gel for issues with bilateral hand paresthesias, i.e., a condition classically associated with neuropathic pain and a condition for which the topical NSAIDs such as Voltaren gel are not deemed not recommended per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or soma is not recommended for chronic or long-term use purposes. The renewal request for Soma (carisoprodol), thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which espouses the 2-3 week limit for Soma usage. Therefore, the request is not medically necessary.