

Case Number:	CM15-0197555		
Date Assigned:	10/13/2015	Date of Injury:	01/23/2009
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 47 year old female injured worker suffered an industrial injury on 1-23-2009. The diagnoses included lumbar disc displacement without myelopathy and pain in shoulder. On 9-3-2015 the treating provider reported she had resolution of the right sided shooting pain and numbness in the leg and toes with 95% improvement. She reported she had some tingling in the right calf but it was more like and itching sensation. She reported she was still having some neuropathic symptoms in the left side and sensation of restless leg occasionally and noted the Tramadol seemed to help She noted the left sided lumbar epidural steroid injection on 7-21-2015 had 70% reduction in pain. Prior treatment included left transforaminal lumbar epidural steroid injection 7-21-2015 and right 8-18-2015 and Naproxen. She did have a recent history of a gastric ulcer. Diagnostics included lumbar magnetic resonance imaging 6-19-2015. The Utilization Review on 9-15-2015 determined non-certification for Voltaren 1% Gel, QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel, QTY: 1: Upheld

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

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 for relief of osteoarthritis pain. In this case, there was no evidence of osteoarthritis pain. The request for topical Voltaren is not medically appropriate or necessary.