

Case Number:	CM15-0198851		
Date Assigned:	10/14/2015	Date of Injury:	05/15/2014
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 5-15-2014. The injured worker is undergoing treatment for history of right femur fracture, right hip peritrochanteric pain and lumbar stenosis. Medical records dated 8-25-2015 indicate the injured worker complains of right hip pain and increasing low back pain described as "fairly intense." He reports pain when standing or sitting too long and sleeping and rolling over. The treating physician indicates the pain "does not seem to be responding to physical therapy." "He had a brief good response to the cortisone injection." Physical exam dated 8-25-2015 notes right hip tenderness to palpation and antalgic gait. Treatment to date has included physical therapy, shock wave therapy, injections and magnetic resonance imaging (MRI). The original utilization review dated 9-9-2015 indicates the request for Voltaren gel 1% is 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%: 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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% (Diclofenac gel 1%) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are right hip peri-trochanteric pain with a history of femoral shaft fractures; and lumbar stenosis L4 - L5. Date of injury is May 15, 2014. Request for authorization is September 1, 2015. According to an August 25, 2015 progress note, subjective complaints include right hip pain. The injured worker did not respond to physical therapy. The injured worker had brief treatment with a cortisone injection. Objectively, there is tenderness to palpation over the greater trochanter. Motor function is 5/5 with no neurologic deficit. Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for Voltaren application to the hip, Voltaren gel 1% (Diclofenac gel 1%) is not medically necessary.