

Case Number:	CM15-0199763		
Date Assigned:	10/15/2015	Date of Injury:	08/20/2014
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California

Certification(s)/Specialty: 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:

This 56 year old male sustained an industrial injury on 8-20-14. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar disc displacement without myelopathy. Previous treatment included physical therapy, acupuncture, chiropractic therapy, massage and medications. In a PR-2 dated 9-2-15, the injured worker complained of ongoing neck pain with radicular symptoms in bilateral upper extremities and bilateral hand numbness and tingling. The injured worker reported slight improvement to ongoing low back pain with radicular symptoms in the left lower extremity. The injured worker reported that he was doing well with topical medications and that he got adequate pain relief with the use of Voltaren gel without side effects. The physician recommended additional physical therapy and chiropractic therapy and continuing Voltaren gel. On 9-17-15, Utilization Review noncertified a request for Voltaren 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% 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 rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for in the prior months. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The continued use of Voltaren gel is not medically necessary.