

Case Number:	CM15-0203274		
Date Assigned:	10/20/2015	Date of Injury:	02/17/2004
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 17, 2004. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced a September 17, 2015 RFA form and an associated September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant's medication list included oral Norco, Neurontin, Docuprene, and the Voltaren gel at issue, several of which were renewed and/or continued. Epidural steroid injection therapy was sought. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. The primary pain generator was the lumbar spine, the treating provider reported on the September 2, 2015 office visit at issue. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines state that topical Voltaren, i.e., the article at issue, has "not been evaluated" for treatment of the spine, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the tepid to unfavorable MTUS position on the same for the body part in question, the lumbar spine. The applicant's concomitant usage of numerous first line oral pharmaceuticals to include Norco and Neurontin, moreover, effectively obviated the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.