

Case Number:	CM15-0209809		
Date Assigned:	10/28/2015	Date of Injury:	09/26/2008
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 52-year-old, female who sustained a work related injury on 9-26-08. A review of the medical records shows she is being treated for pain in her neck, both hands, right greater than left, right wrist, right elbow, low back, right, and left knee. In the progress notes dated 7-14-15 and 8-11-15, the injured worker reports neck pain. She rates this pain a 7 out of 10. She reports pain in low back pain that radiates to left leg with numbness and tingling. She rates this pain an 8 out of 10. She reports constant right elbow pain. She rates this pain an 8 out of 10. She reports significant left knee pain. She is also having constant right knee pain. She rates this pain a 5 out of 10. On physical exam dated 8-11-15, she has tenderness and spasm in the cervical paraspinal muscles. She has tenderness to pressure over the right lateral elbow and the olecranon process. She has spasm and tenderness in the lumbar paraspinal muscles. Both knees are tender at the joint lines. Treatments have included cortisone injection in right hand, chiropractic treatments for right elbow and low back, right carpal tunnel release, use of hand braces, and physical therapy to lower back and right knee. Current medications include Voltaren gel. She is not working. The treatment plan includes requests for physical therapy, an EMG-NCV of legs MRIs of lumbar spine and right knee and for Voltaren gel. The Request for Authorization dated 8-11-15 has requests for physical therapy, EMG-NCV studies of lower extremities, MRIs of right knee and low back, an internal medicine consultation and for Voltaren gel. In the Utilization Review dated 9-30-15, the requested treatment of Voltaren gel 1%, #100 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 30 day supply quantity 100: 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: 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. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. The claimant was also on oral NSAIDs. There are diminishing effects after 2 weeks. The claimant did not have arthritis. The Voltaren gel is not medically necessary.