

Case Number:	CM15-0020578		
Date Assigned:	02/10/2015	Date of Injury:	11/17/2014
Decision Date:	04/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34-year-old male, who sustained an industrial injury on 11/17/2014. He reported that while carrying two by fours in his hands, he set them down sustaining an injury to the back. The injured worker was diagnosed as having back pain, lumbar spine strain/sprain, and myofasciitis. Treatment to date has included medication regimen and magnetic resonance imaging. In a progress note dated 01/07/2015 the treating provider reports complaints of back pain that is rated a six to seven out of ten that radiates to the right leg and calf along with antalgic gait, tenderness at lumbar five to sacral one, and positive for spasms and twitching. The treating physician requested Voltaren gel, but the documentation provided did not indicate the reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm x 3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Voltaren gel 1% 100gm x 3 tubes is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs can be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is no evidence to use topical NSAIDs for neuropathic pain. Voltaren Gel 1% (diclofenac) is an FDA approved topical NSAID that 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. The documentation indicates that the patient suffers from lumbar pain. There is no clear indication that he will be applying this topical analgesic to knee, elbow or joints amenable to topical treatment. The MTUS does not support topical NSAIDs for the spine therefore this request is not medically necessary.