

Case Number:	CM15-0020763		
Date Assigned:	02/10/2015	Date of Injury:	05/18/1999
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on May 18, 1999. The diagnoses have included post-traumatic right hip arthrosis, herniated nucleus pulposus at T12-L1, and L4-L5 broad based disk protrusion. Treatment to date has included thoracic spine T11-T12 fusion, lumbar epidural steroid injection (ESI), physical therapy, and medications. Currently, the injured worker complains of pain in the right leg. The Treating Physician's report dated December 8, 2014, noted the injured worker walking with a very antalgic gait to the right. Physical examination was noted to show limited hip range of motion (ROM), crepitus with internal and external rotation of the hip, which was very painful on the right, and weakness to the right hip flexors. A pelvic x-ray was noted to show evidence of severe hip arthrosis with a post-traumatic collapse of the head of the right femur and some protrusion of the hip into the socket. On January 28, 2015, Utilization Review non-certified Voltaren 1% gel #100, noting the use of Voltaren gel was not consistent with the guidelines recommendations, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 4, 2015, the injured worker submitted an application for IMR for review of Voltaren 1% gel #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in 1999. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID for this patient with non-joint osteoarthritis. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Clinical exam is without acute changes, progressive deterioration, or report of flare-up for this chronic injury. The Voltaren 1% gel, #100 is not medically necessary and appropriate.