

Case Number:	CM15-0022592		
Date Assigned:	02/12/2015	Date of Injury:	06/10/2012
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 injured worker is a 44 year old male, who sustained an industrial injury on 6/10/12. He has reported pain in the lower back and right knee. The diagnoses have included lumbar disc desiccation and bulging and status post right knee arthroscopy. Treatment to date has included MRI of the lumbar spine and oral medications. As of the PR2 dated 11/20/14, the injured worker reports 10/10 right knee and low back pain. He indicated that the Hydrocodone and Benazepril help with pain and he is not doing any type of physical therapy. The treating physician requested to continue Voltaren Gel 100mg x 4 refills. On 1/5/15 Utilization Review non-certified a request for Voltaren Gel 100mg x 4 refills. The utilization review physician cited the ODG guidelines. On 1/14/15, the injured worker submitted an application for IMR for review of Voltaren Gel 100mg x 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100mg, twice a day with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines do not support the use of topical NSAIDs for spinal pain and recommend short term use or at least a successful trial before long term use for degenerative joint disease. This individual has had no improvements in reported pain or function since Voltaren Gel was instituted. In addition, he does not appear to have qualifying medical conditions per Guideline standards. Under these circumstances, the long term use of Voltaren Gel 100mg twice a day with 4 refills is not supported by Guidelines and is not medically necessary.