

Case Number:	CM15-0026639		
Date Assigned:	02/19/2015	Date of Injury:	10/28/1999
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal Medicine, Rheumatology

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 54 year old male who sustained an industrial injury on 10/28/1999. He complains of low back pain and left knee pain. Diagnoses include shoulder joint pain, myalgia and myositis, sleep disorder, lower leg joint pain and post laminectomy syndrome. Treatment to date has included medications, epidural steroid injections, and Synvisc injection to the left knee. A physician progress note dated 12/29/2014 documents the injured worker complains of low back pain, left lower extremity radicular pain and left knee pain. He has an antalgic gait, and pain and difficulty with transfers from a sitting to standing. He has decreased range of motion for flexion and extension in the lumbar spine. He also has decreased range of motion left knee with crepitation. Treatment requested is for Voltaren 1% #400 with 2 refills. On 01/12/2015 Utilization Review non-certified the request for Voltaren 1% #400 with 2 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% #400 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: This 54 year old male has complained of low back pain and left knee pain since date of injury 10/28/99. He has been treated with epidural steroid injection, lumbar spine surgery, synvisc injection, physical therapy and medications. the current request is for Voltaren 1% gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel 1% is not indicated as medically necessary.