

Case Number:	CM15-0031604		
Date Assigned:	02/24/2015	Date of Injury:	06/22/2008
Decision Date:	12/21/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on 06-22-2008. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculitis and multilevel disc protrusions, status post right total hip replacement, and left hip sprain-bursitis. Treatment and diagnostics to date has included medications. Recent medications have included Norco, Anaprox, and Prilosec. Subjective data (01-22-2015), included low back and hip pain. Objective findings (01-22-2015) included tenderness to palpation over the greater trochanter regions, anterior joints, and gluteal musculature bilaterally and positive Patrick Fabere's test on the left. The request for authorization dated 01-22-2015 requested x-rays of bilateral hips, Jobst compression stockings, consultations in internal medicine, sleep disorders, and neurology, Prilosec, Norco, Ultram, Anaprox, and Voltaren XR 100mg one tablet orally once per day #30. The Utilization Review with a decision date of 02-09-2015 non-certified the request for Voltaren XR 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, topical analgesics NSAIDs, states that Voltaren Gel 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, there is insufficient evidence of osteoarthritis in the records from 1/22/15 to warrant Voltaren Gel. CA MTUS guidelines do not recommend the use of Voltaren gel in treatment of the spine, hip or shoulder. Therefore, the prescription is not medically necessary and thus the determination is for non-certification.