MAXIMUS Federal Services

Case Number:	CM15-0035382		
Date Assigned:	03/03/2015	Date of Injury:	05/04/2010
Decision Date:	04/23/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic neck pain, low back pain, and fibromyalgia reportedly associated with an industrial injury of May 14, 2010. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for topical Voltaren gel. The claims administrator referenced an office visit dated December 10, 2014, in its determination.The applicant's attorney subsequently appealed. In a prescription form, handwritten, dated December 10, 2014, the applicant was given prescription for Voltaren gel. In an associated progress note of same date, December 10, 2014, the applicant reported ongoing complaints of low back pain, bilateral leg pain, and right thumb pain. The applicant reportedly carried various diagnoses, including chronic low back pain, fibromyalgia, and chronic neck pain. The applicant was reportedly having difficulty tolerating certain oral analgesic medications owing to issues with gastritis, endoscopically proven. The applicant was given Voltaren gel and Ativan. The attending provider seemingly suggested that the Voltaren gel was being endorsed for right thumb pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: Voltaren Gel 1%, #100mg (refill): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here.The request in question was framed as a first-time request for Voltaren gel. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small-joint arthritis and joint tender body parts, which are amenable to topical application, including the ankles, elbows, feet, hands, knee, and wrists, etc. Here, the applicant's primary pain generator was reportedly the right thumb. The applicant was 65 years old. The applicant reportedly had some combination of de Quervain's tenosynovitis and/or CMC joint arthritis, it was suggested. Introduction of Voltaren gel, thus, was indicated on or around the date in question, December 10, 2014. Therefore, the request was medically necessary.