

Case Number:	CM15-0043073		
Date Assigned:	04/09/2015	Date of Injury:	03/27/2012
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 44-year-old who has filed a claim for chronic knee, leg, and ankle pain reportedly associated with an industrial injury of March 27, 2012. In a Utilization Review report dated February 23, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced a progress note dated January 21, 2015 in its determination. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant consulted a spine surgeon. The applicant was deemed a non-operative candidate. The applicant's medication list was not detailed. On January 21, 2015, the applicant reported ongoing complaints of low back pain and was given Motrin, Voltaren gel, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, Day Supply: 25, QTY: 200 with 3 refills: Upheld

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: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren (diclofenac) has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Motrin and Norco effectively obviated the need for the Voltaren gel in question. Therefore, the request was not medically necessary.