

Case Number:	CM15-0043897		
Date Assigned:	03/13/2015	Date of Injury:	07/30/2009
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 50-year-old female who sustained an industrial injury on July 30, 2009. She has reported injury to the lumbar spine and left knee and has been diagnosed with left knee patellar tendinitis. Treatment has included surgery, medication, home exercise program, and epidural steroid injections. Currently the injured worker continued to have swelling into the hips and thighs more on the right. She continued to have pain in her back and left buttocks. The treatment plan included Voltaren gel cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 1 tube: 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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient has had epidural steroid injection and selective nerve root block on 01/2014. The pain increases when she stops doing her physical therapy and pool therapy, but

she is still doing her home exercise program. She feels she has a lot of swelling into the hips and thighs, more on the right. She has been using over-the-counter rubbing creams and Lidoderm patches with no significant relief. She is interested in trying one of the prescription medication creams at this time. Treater will give her Voltaren gel cream to apply to her lumbar spine on the left side. The patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Per progress report dated, 01/14/15, treater's reason for the request is "to apply to her lumbar spine on the left side, to see if that will improve her condition." In this case, it appears the treater is initiating a trial of Voltaren gel for the patient's symptoms. However, the patient does not present with peripheral joint arthritis/tendinitis or osteoarthritis for which a NSAID lotion would be indicated. Furthermore, the treater does not document or discuss why the patient cannot take this or similar medication on an oral basis. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.