

Case Number:	CM15-0059835		
Date Assigned:	04/06/2015	Date of Injury:	11/20/2009
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 63-year-old who has filed a claim for chronic low back, knee, and hand pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of October 20, 2009. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for Voltaren gel for the knees. The claims administrator referenced a February 16, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of knee, hand, and low back pain with derivative complaints of depression, anxiety, and insomnia. The applicant was given refills of morphine, oxycodone, Valium, Neurontin, Elavil, Cymbalta, and Voltaren gel for the knees. Little-to-no discussion of medication efficacy transpired. The applicant was described as "74% disabled." 8/10 multifocal pain complaints were noted. The applicant was asked to "stay off of work permanently."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 4-7gm up to 3x/day for Knees with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Voltaren gel.

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, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren gel is indicated in the treatment of small joint arthritis in regions and/or joints which are amenable to topical application, such as the knees, the body part at issue here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged on the February 16, 2015 progress note on which Voltaren gel was renewed. Multifocal pain complaints scored at 8/10 were reported on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Voltaren gel usage. Ongoing usage of Voltaren gel failed to curtail the applicant's dependence on opioid agents such as morphine and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.