

Case Number:	CM15-0059895		
Date Assigned:	04/06/2015	Date of Injury:	08/28/2013
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
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 33-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 28, 2013. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for Voltaren gel. A RFA form received on February 23, 2013 was referenced in the determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of upper back pain, mid back pain, rib pain, and myalgias and myositis of unspecified body parts. Chiropractic manipulative therapy was endorsed. On February 23, 2015, the applicant reported ongoing complaints of mid back pain, rib pain, and alleged intercostal neuritis. Lidoderm patches and Voltaren gel were endorsed. It was stated that Voltaren gel was specifically endorsed for application to the ribs for intercostal neuritis. The applicant was smoking every day, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100g with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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, usage of topical NSAIDs such as Voltaren gel is "not recommended" in the treatment of neuropathic pain. Here, the attending provider seemingly suggested that the applicant employ Voltaren gel for alleged intercoastal neuritis, i.e., a neuropathic pain issue for which topical Voltaren gel is not, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, recommended. The attending provider failed to furnish compelling rationale for provision of this particular agent in the clinical context present here, given the seemingly unfavorable MTUS position on the same. Therefore, the request was not medically necessary.