MAXIMUS Federal Services

Case Number:	CM15-0084807		
Date Assigned:	05/07/2015	Date of Injury:	05/14/1996
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 59 year old female, who sustained an industrial injury, May 14, 1996. The injured worker previously received the following treatments Norco, Diazepam, Voltaren Gel, Gabapentin, Testosterone, Diazepam, Pradaxa, Levothyroxine, Lidoderm Patches, ultrasound message treatments, TENS (transcutaneous electrical nerve stimulator) unit, pace maker, pelvic CT, left hip CT, right hip CT, home exercise program and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with facet arthropathy, partial sacralization of L5 on the left and stable lumbar spine demonstrates multilevel discogenic disease with end plate sclerosis and osteophytes, discogenic disk disease in the cervical spine C5-6 and the thoracic region at T8-T12, degenerative anterolisthesis of L4 upon L5 which was most severe in the extension positioned measured at approximately 3 mm, thoracic degenerative disc disease and exaggeration of thoracic kyphosis with minimal wedging of T11-T12. According to progress note of April 8, 2015, the injured workers chief complaint was right upper and lower back. The injured worker rated the pain at 5 out of 10. The medication helps with pain. There was tenderness to palpation of the lumbar spine. There was decreased range of motion with normal gait. The treatment plan included a prescription for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic neck and low back pain. When seen, there was tenderness and decreased range of motion. Medications were helping with pain. LidoPro had been prescribed previously. Voltaren gel 1%, 100g was dispensed. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant is being treated for chronic neck and back pain. There is no diagnosis of osteoarthritis or tendinitis or particular joint involvement. Therefore, the requested medication is not considered medically necessary.