

Case Number:	CM15-0087453		
Date Assigned:	05/11/2015	Date of Injury:	08/02/2001
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 50-year-old female, who sustained an industrial injury on 8/2/2001. She reported low back pain after being struck by a coworker and falling down. The injured worker was diagnosed as having chronic back pain, lumbar disc disease, and lumbar radiculopathy. Treatment to date has included lumbar fusion, medications, nerve root block, heat, ice, and home exercises. The request is for Voltaren Gel. On 4/16/2015, she complained of low back pain with left leg pain and numbness. She rated her pain as 5-6/10. She had continued pain after selective nerve root block at left L5 and left S1. The treatment plan included: heat, ice, home exercise, repeat transforaminal epidural, and Ibuprofen. The records indicate she has been utilizing Voltaren since at least November 2014. The records do not indicate the efficacy of Voltaren, or that there is an intolerance of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs) - Voltaren Gel 1% (diclofenac).

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

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and left leg pain with numbness. These records concluded the worker was suffering from a neuropathy. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an unspecified amount and concentration of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for 60 unspecified units of Voltaren (diclofenac) gel at an unspecified concentration is not medically necessary.