

Case Number:	CM13-0030278		
Date Assigned:	11/27/2013	Date of Injury:	01/29/2009
Decision Date:	02/26/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old injured worker who reported an injury on 01/29/2009. The mechanism of injury was not provided in the medical records. The patient's diagnoses include lumbar disc disease and postlaminectomy syndrome of the lumbar spine. The patient's symptoms are noted to include low back pain with radiation across their hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Voltaren Gel 1%, five tubes: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee, and wrist. However, the guidelines specifically state that the use of Voltaren Gel has not been evaluated for the treatment of the spine, hip, or shoulder. As the patient's symptoms are noted to be related to their lumbar spine, the request is not supported.

The request for a pharmacy purchase of Voltaren Gel 1%, five tubes, is not medically necessary and appropriate.