

Case Number:	CM14-0119196		
Date Assigned:	08/06/2014	Date of Injury:	12/16/2007
Decision Date:	10/07/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 49-year-old female was reportedly injured on December 16, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of low back and right hip pain. The physical examination demonstrated a positive right-sided Faber's test and tenderness at the right SI joint. There was tenderness at the hamstrings and hip flexors bilaterally and tenderness along the left sided plantar fascia. Diagnostic imaging studies of the cervical spine revealed mild degenerative changes at C3 - C4, C4 - C5, and C5 - C6. Imaging of the lumbar spine noted disc degeneration at L3 - L4, L4 - L5, and L5 - S1. Previous treatment includes chiropractic care and physical therapy. A request had been made for Voltaren gel and a Medrol dose pack and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 56, 57, 112 OF 127.

Decision rationale: The California MTUS Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for Voltaren gel is not medically necessary.

Medrol Pak: 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 procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Corticosteroids, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for the use of oral corticosteroids includes the presence of a radiculopathy. The progress note dated July 31, 2014, does not include any signs or symptoms of a radiculopathy. As such, this request for a Medrol Pak is not medically necessary.