

Case Number:	CM14-0138297		
Date Assigned:	09/05/2014	Date of Injury:	12/29/2010
Decision Date:	10/23/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/26/2014

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 Pain Management 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 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 injured worker is a 35-year-old female who sustained an injury on 12/29/10. As per the report dated 6/24/14 the worker came in complaining of very bad low back pain which she rated at an 8/10. She was uncomfortable sleeping on her sides because of hip pain and was uncomfortable sleeping on the back due to back pain. She had tried to sleep on her stomach and that had caused more pain. On exam, she had palpable tenderness over the lumbar spine and over her bilateral hips. Forward flexion was limited and hip flexors were substituted for that activity. Her right shoulder, neck, and left knee were tender. She had an antalgic gait and some difficulty moving from a seated to a standing position. She was unable to perform heel/toe without assistance. The only medication she takes currently is Tylenol. As she is a young mother with 8-month old baby she is concerned with any changes in medications, so she was advised to continue oral Tylenol and was recommended to use Voltaren gel 1% to be alternated with Ibuprofen. Previous treatments included physical therapy and acupuncture. Diagnoses include persistent cervicalgia, right shoulder pain, lumbago, bilateral hip pain, left knee pain; all persistent. The request for Voltaren Gel (diclofenac sodium topical gel) 1% was denied on 7.25.14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Topical Analgesics Page(s): 71, 112.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no evidence of Osteoarthritis of ankle, elbow, foot, hand, knee, and wrist. Furthermore, the injured worker is able to tolerate Ibuprofen and also Acetaminophen. The request is therefore, considered not medically necessary.