

Case Number:	CM14-0139957		
Date Assigned:	09/08/2014	Date of Injury:	03/27/2012
Decision Date:	09/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 year-old male who sustained an industrial injury from a motor vehicle accident on 03/27/2012. His diagnoses include neck, mid and low back pain, and elbow pain. He complains of constant mid back pain. On exam there is tenderness of the thoracic spine and spasm with trigger points of the paravertebral muscles. Tenderness is noted at the iliocostalis thoracis. Treatment has included medical therapy with topical non-steroidal anti-inflammatory medications, topical compounded medications trigger point injections, and acupuncture. The treating provider has requested Voltaren Gel 1 %.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chronic Pain.

Decision rationale: There is no indication for treatment of the patient's chronic pain condition with a topical non-steroidal anti-inflammatory medication such as Voltaren Gel 1 %. Per the reviewed guidelines topical NSAIDs have been shown in meta-analysis to be superior to placebo

during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2 week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. They are indicated for the treatment of osteoarthritis and tendonitis in particular, that of the knee and elbow or other joints amenable to topical treatment. There is no indication for the use of Voltaren Gel in the treatment of low back pain. Of note the claimant did not have a reported benefit to the use of another topical non-steroidal anti-inflammatory medication, the Flector patch. Medical necessity for the requested item has not been established. The requested item is not medically necessary.