

Case Number:	CM14-0141700		
Date Assigned:	09/10/2014	Date of Injury:	07/17/2000
Decision Date:	10/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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:

There were 93 pages provided for this review. The application for independent medical review was signed on September 2, 2014. It was for Voltaren gel. Per the records provided, the claimant injured the low back and was diagnosed with chronic low back pain in the setting of lumbar degenerative disc disease, failed low back surgery and lumbar radiculopathy. The claimant reports severe sciatic left leg pain. The leg pain is seven out of 10. Without medicines it would be 10 out of 10. A past transforaminal epidural steroid injection was reportedly greatly beneficial and it reportedly provided 70% pain relief. No red flags or progressive deficits were noted. There was no mention of osteoarthritis. There was no mention of extenuating clinical circumstances with taking oral medicines to support the use of the topical medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Per the MTUS, 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers' compensation or any patient. The request is not medically necessary.