

Case Number:	CM14-0149025		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2008
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 60 year old female with date of injury 4/9/08. The treating physician report dated 8/4/14 indicates that the patient presents with chronic neck pain radiating into the arms with lower back pain radiating into the legs. 12/2/09 Cervical MRI reveals DDD C3-C6 with mild to moderate central canal stenosis and facet arthropathy. The physical examination findings reveal decreased cervical and lumbar ranges of motion, increased paravertebral tension, and decreased muscle strength of the lower extremities. The current diagnoses are: 1.Cervical pain2.Spinal lumbar DDD3.Lower back pain4.Lumbar sprainThe utilization review report dated 8/28/14 denied the request for Voltaren gel based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, apply to affected body part 2-3 times per day as needed with no refills (qty: 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (web: updated 7/10/14), Voltaren Gel

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsNon-steroidal antinflammatory agents (NSAIDs) Page(s): 111-113.

Decision rationale: The patient presents with chronic neck pain with radicular pain into the upper extremities and chronic lower back pain with pain into the lower extremities. The current request is for Voltaren 1% gel, apply to affected body part 2-3 times per day as needed with no refills (qty: 1). The treating physician report dated 8/4/14 states, "Patient has not yet trialed Voltaren gel for topical pain and inflammation. Apply to affected body part 2-3 times per day as needed." The MTUS Guidelines are specific that topical NSIADS are for, "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." MTUS does not support the usage of Voltaren cream for treatment of the spine or radicular pain. Recommendation is for denial.