

Case Number:	CM14-0149420		
Date Assigned:	09/18/2014	Date of Injury:	05/10/2007
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 39-year-old male who sustained a work related injury on 5/10/2007 as a result of an electrocution and burn that resulted in amputation of his right arm below the elbow and burns on other part of his body. Since then he has had neck and back, bilateral shoulder, right arm, bilateral knee pain and headaches. He expresses discomfort distal his right arm amputation attributable to both phantom pain and development of herpetic whitlow involving the right arm stump. His most recent progress report dated 8/18/2014 identifies on physical exam tenderness the paraspinal region in the cervical, thoracic and lumbar spine and tenderness at both knees. In dispute is a decision for Voltaren gel 4 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4 g: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Topical Analgesics

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

Decision rationale: Voltaren Gel 1% (diclofenac): Indicated for and FDA-approved for the 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. Voltaren gel is an approved alternative to oral non-steroidal anti-inflammatory drug (NSAID) as it precludes the need for either hepatic or renal metabolism. It is authorized as medically necessary as part of treatment regimen. Therefore, the request is medically necessary per MTUS guidelines.