

Case Number:	CM14-0154721		
Date Assigned:	09/24/2014	Date of Injury:	02/01/2013
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59 year old male with complaints of low back pain and lower extremity pain. The date of injury is 2/1/13 and the mechanism of injury is fall injury. At the time of request for voltaren gel 1.3% 120 gram tube, there is subjective (low back pain, anterior leg pain) and objective (positive straight leg raise with tender SI joint bilaterally, positive Gaenslen's test and FABER's test, positive compression test and thigh thrust test, sciatic notch tenderness bilaterally, restricted range of motion lumbar spine, diminished sensation over the dorsum of the right foot) findings, imaging findings (5/29/13 plain films lumbar spine shows L5-S1 facet arthropathy, MRI lumbar spine 5/20/13 shows disc protrusion L5-S1 and disc desiccation), diagnoses (sacroiliitis, chronic pain due to trauma, lumbosacral spondylosis without myelopathy, degeneration of lumbar disc), and treatment to date (medications, injections, therapy). Voltaren gel is FDA approved for the indication of osteoarthritis and tendonitis of the knee, elbow, and hand. There is little evidence of benefit to the shoulder, neck, or low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 percent, 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac) Page(s): 111-112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic), Topical Analgesics

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG, Voltaren gel is FDA approved for the indication of osteoarthritis and tendonitis of the knee, elbow, and hand. There is little evidence of benefit to the shoulder, neck, or low back. Therefore, this medication is not medically necessary.