MAXIMUS Federal Services

Case Number:	CM14-0162807		
Date Assigned:	10/08/2014	Date of Injury:	08/18/2003
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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:

The applicant is a represented construction worker who has filed a claim for chronic low pain reportedly associated with an industrial injury of November 18, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants.In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for Voltaren gel.The applicant's attorney subsequently appealed.In an April 9, 2014 progress note, the applicant reported persistent complaints of low back pain. Permanent work restrictions imposed by a Medical-legal evaluator were renewed. The applicant was given renewals of Norco, tizanidine, and Prilosec.On May 25, 2014, the applicant was again given refills of Norco and tizanidine for chronic low back pain. Unchanged permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% apply to skin 2 to 4 mg q.i.d. #2 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Voltaren/Diclofenac section. Page(s): 112,.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel, the article at issue here, has "not been evaluated" for issues involving the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated. It is further noted that applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tizanidine, Norco, etc., effectively obviates the need for the Voltaren gel at issue. Therefore, the request is not medically necessary.