MAXIMUS Federal Services

Case Number:	CM14-0165634		
Date Assigned:	10/10/2014	Date of Injury:	05/16/2009
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 [redacted] employee who has filed a claim for chronic low back, bilateral upper extremity and bilateral lower extremity pain reportedly associated with an industrial injury of May 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; sleep aids; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for topical Voltaren gel. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant's medications included Protonix, Voltaren gel, Ambien, Celebrex, Lorzone, Cozaar, estrogen, hydrochlorothiazide, and phenobarbital. The applicant was still smoking. The applicant's BMI was 27. Epidural steroid injection therapy was sought. The applicant was asked to continue current medications. Multiple medications were renewed, including Ambien, Voltaren gel, Lorzone, Protonix, and Celebrex. The applicant was asked to cease smoking. It was acknowledged that the applicant was not working with permanent limitations in place. In an August 5, 2014 progress note, the applicant was described as using a variety of medications, including Voltaren gel. The applicant was again described as not working on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topcial gel) 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/topical diclofenac has "not been evaluated" for treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, body part for which topical Voltaren has been evaluated. In this case, the applicant has already received and has been using Voltaren gel for several months, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Voltaren gel has failed to curtail the applicant's dependence on oral pharmaceuticals such as Lorzone and Celebrex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.