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| Case Number: | CM14-0166799 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/05/2013 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 51 year old female who sustained a work injury on 2-5-13. Office visit on 8-12-14 notes the claimant has neck, arm, back and left hip pain. The claimant uses Norco and Soma that helps. On exam, the claimant has tenderness and spasms. Range of motion is decreased. Strength is normal. Sensation is decreased in the wrists. Phalen's and Tinel's signs are positive. The claimant is continued on Norco, Soma and prescription for Voltaren given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren cream 100mg, apply three times a day prn with three 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 analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes regarding topical NSAIDs that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not

afterward, or with a diminishing effect over another 2-week period. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that the claimant has failed first line of treatment. The request for Voltaren Cream 100mg, With Three Refills is not medically necessary.