

Case Number:	CM14-0176085		
Date Assigned:	10/29/2014	Date of Injury:	10/20/2008
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice 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 33 yr. old female claimant sustained a work injury on 10/20/08 involving the back and legs. She was diagnosed with lumbar radiculitis. A progress note on 8/20/14 indicated the clamant had continued back pain. She had been using topical anti-inflammatories in the past and wanted to try these again. She had been on oral muscle relaxants, NSAIDs and opioids. Exam findings were notable for lumbar spine tenderness, decreased range of motion and a positive straight leg raise. She was given topical Pensaid cream. In October 2014, a request was made for topical Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 200gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. 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. Voltaren is a topical NSAID. It has not been evaluated for treatment of the spine, hip or shoulder. The continuation of an NSAID beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. The claimant had been on another topical NSAID- Pensaid. Therefore, the request for Voltaren 1% gel 200gm is not medically necessary.