

Case Number:	CM14-0023554		
Date Assigned:	06/11/2014	Date of Injury:	01/27/2000
Decision Date:	08/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 neck pain reportedly associated with an industrial injury of January 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; earlier lumbar fusion surgery; earlier knee arthroscopy; earlier wrist surgery; epidural steroid injection therapy; long acting opioids; topical agents; and a wheelchair. In Utilization Review Report dated January 30, 2014, the claims administrator denied a request for topical Voltaren gel while approving the request for Prozac. The applicant's attorney subsequently appealed. Both articles are apparently requested via a request for authorization form dated January 14, 2014. A January 10, 2014 progress note was notable for comments that the applicant had persistent complaints of chronic neck and low back pain. The applicant was using MS Contin and Prozac, it was noted. The applicant apparently had bone-on-bone arthritis and is now a candidate for a total hip arthroplasty, it was noted. The applicant's complete medication list included Synthroid, Prozac, Flonase, albuterol, and ProAir. Voltaren gel was apparently renewed. The operating diagnoses included chronic neck pain, chronic low back pain, and severe arthritis of the hip. MS Contin, Voltaren, and Prozac 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% 100G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of small joint arthritis, which lends itself to a topical application, such as, for instance, the ankles, feet, elbows, knees, etc., page 112 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that Voltaren has not been evaluated for the treatment of the spine, hip, and/or shoulder. In this case, the applicant's cervical spine, lumbar spine, and hip are the primary pain generators here. Voltaren gel has not been evaluated in the treatment of each of these issues. No applicant-specific information was attached to augment the tepid to unfavorable MTUS recommendation. It appears, moreover, that the applicant's usage of multiple oral pharmaceuticals, including morphine, obviates the need for the Voltaren gel in question. Therefore, the request is not medically necessary.