

Case Number:	CM14-0024814		
Date Assigned:	07/23/2014	Date of Injury:	02/12/2007
Decision Date:	08/28/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 an employee of the [REDACTED]. He filed a claim for chronic low back pain, depression, fatigue and asthma associated with an industrial injury of February 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications, various and sundry inhalers. He has transferred his care to and from various providers in various specialties. The reported diagnosis is, myofascial pain syndrome. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for Voltaren gel citing non-MTUS ODG Guidelines, and approved a request for albuterol inhaler, Wellbutrin, Neurontin, and Duexis. The applicant's attorney subsequently appealed. In a handwritten note dated January 8, 2014, the applicant presented with mild back pain. Wellbutrin, Xopenex, albuterol, and Duexis were all renewed. The applicant's work status was not clearly stated. Voltaren gel, Wellbutrin, albuterol, and Duexis were all sought through a handwritten request for authorization form dated January 27, 2014. The note was extremely sparse and contained little or no discussion of medication efficacy. No rationale for medication selection was provided by the attending physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% 755 MG, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel.

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 Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment for issues involving the spine, hip, or shoulder. In this case, the applicant's primary pain generator is, in fact, the spine (mid back). No rationale for selection and/or ongoing usage of Voltaren was provided. In the face of the tepid to unfavorable MTUS recommendation, medication selection and/or medication efficacy was not incorporated into several of the attending provider's handwritten progress notes. Therefore, this request is not medically necessary.