

<b>Case Number:</b>	CM14-0098886		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 37-year-old female who was reportedly injured on July 1, 2008. The mechanism of injury is listed as helping to catch somebody who was falling. The most recent progress note dated July 24, 2014, indicates that there are ongoing complaints of neck pain and back pain. The physical examination demonstrated decreased biceps and triceps reflexes along with decreased cervical spine range of motion. Examination of the lower extremities revealed a decreased right-sided ankle jerk. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for Voltaren gel and famotidine and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Topical Gel qty: 6.00, with 2 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 Page(s): 111-112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support Topical Non-Steroidal Anti-Inflammatory Drugs for the short-term treatment of osteoarthritis

and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, this request for Voltaren gel is not medically necessary.

**Famotidine 20 mg, qty: 90.00 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>

**Decision rationale:** Famotidine is a medication used to treat ulcers and gastro esophageal reflux and other hyper acidic conditions of the stomach. According to the attached medical record, the injured employee does not have any gastrointestinal issues. As such, this request for famotidine is not medically necessary.