

Case Number:	CM14-0193543		
Date Assigned:	12/01/2014	Date of Injury:	04/03/2004
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 low back pain reportedly associated with an industrial injury of April 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; multiple epidural steroid injections; long- and short-acting opioids; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for topical Voltaren. The claims administrator referenced a progress note of July 28, 2014 and an RFA form dated September 24, 2014 in its denial. The applicant's attorney subsequently appealed. On January 20, 2013, the applicant reported persistent complaints of low back pain. The applicant was using Kadian, Oxycodone, Flexeril, Lidoderm, and Flector, it was acknowledged. Multiple medications were refilled. The applicant's work status was not clearly stated. In one section of the note, it was stated that the applicant's pain was adversely impacting his ability to socialize and work, while another section of the note stated that the applicant was employed at [REDACTED], which required heavy lifting of objects. The remainder of the file was surveyed. It did not appear that either the July 28, 2014 progress note or the September 24, 2014 RFA form made available to the claims administrator were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Topical 1 Percent: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the "spine, hip, or shoulder." Here, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which topical Voltaren has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the tepid-to-unfavorable MTUS position on the article at issue for the body part in question, although it is acknowledged that neither the July 28, 2014 progress note nor the September 24, 2014 RFA form made available to the claims administrator were incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.