

Case Number:	CM15-0106136		
Date Assigned:	06/10/2015	Date of Injury:	05/11/2014
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury on March 1, 2014. He reported bilateral heel pain, left shoulder pain and bilateral cervical pain. The injured worker was diagnosed as having lumbar sprain and bilateral plantar fasciitis. Treatment to date has included diagnostic studies, chiropractic care, medications and work restrictions. The vast majority of progress notes are not legible due to poor hand writing. Currently, the injured worker complains of continued cervical pain, left shoulder pain and bilateral heel pain. Not much else can be determined from progress notes. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 15, 2015, revealed continued pain as noted. He reported benefit with previous chiropractic care. A pain gel was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, apply TID, #100gm: 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): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics, such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Documentation limited so it is unclear where this product is to be used and how long patient has been on it. There is no justification as to why a topical cream was needed or if patient has been on other oral meds. Voltaren gel is not medically necessary.