

Case Number:	CM15-0010585		
Date Assigned:	01/28/2015	Date of Injury:	02/25/2009
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 02/25/2009. The mechanism of injury was the injured worker was lifting a heavy object. The diagnoses included postlaminectomy syndrome (lumbar), low back pain, lumbar disc with radiculitis, and degeneration of lumbar disc. Other therapies included physical therapy and medications. There was a Request for Authorization submitted for review. The injured worker was noted to utilize the medication since at least 06/2014. The documentation of 11/06/2014 revealed the injured worker had a history of low back and bilateral lower extremities pain, right greater than left. The injured worker's medications were noted to include Voltaren topical 1% gel 2 gm 4 times per day, cyclobenzaprine hydrochloride 7.5 mg 1 tablet at bedtime as needed, and hydrocodone/APAP 5/325 mg tablets daily. The physical examination revealed the injured worker had decreased range of motion with moderate increase in pain with range of motion testing. The injured worker had motor strength of 4/5 in the bilateral lower extremities. Sensation to light touch was decreased in L4 and L5 dermatomes in the right lower extremity. The treatment plan included a refill of Voltaren topical gel 1% two grams applied topically 4 times a day, 30 days, x 2 plus 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #2 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least mid 2014. There was a lack of documentation of objective functional benefit and an objective relief of pain. The request as submitted failed to indicate the frequency and the body part to be treated with the Voltaren gel. There was a lack of documentation indicating a necessity for 2 tubes with 1 refill. Given the above, and the lack of documentation, the request for Voltaren 1% gel #2 times 1 refill is not medically necessary.