

Case Number:	CM15-0013548		
Date Assigned:	02/02/2015	Date of Injury:	10/01/2007
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on 10/1/07. She has reported low back injury. The diagnoses have included lumbar strain, post laminectomy syndrome, chronic pain and myofascial pain syndrome. Treatment to date has included medications, diagnostics, injections, Transcutaneous Electrical Nerve Stimulation (TENS), surgery, aqua therapy and acupuncture. Currently, the injured worker complains of low back pain. The pain was 6/10 having ultrasound treatment which was not helpful yet but he has had success with it in the past. He states that he does not like acupuncture as he did 6 weeks of it previously. He was to continue medications, Transcutaneous Electrical Nerve Stimulation (TENS), Home Exercise Program (HEP), and water therapy. Work status was to remain off work until 2/18/15 on temporary total disability. On 1/8/15 Utilization Review non-certified a request for Voltaren gel, one tube with refill, noting based on the medical records, it is not appropriate or medically necessary for the diagnosis and clinical findings. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, one tube with refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.