MAXIMUS Federal Services

Case Number:	CM15-0113042		
Date Assigned:	06/25/2015	Date of Injury:	12/04/2010
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 26-year-old who has filed a claim for posttraumatic headaches, chronic neck pain, and posttraumatic epilepsy reportedly associated with an industrial contusion injury December 4, 2010. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for Voltaren gel while apparently approving requests for Keppra and Dilantin. On April 9, 2015, the applicant reported ongoing issues with posttraumatic headaches, chronic neck pain, and occipital pain with associated cervical paraspinal tenderness evident. Keppra, Voltaren gel, and Dilantin were renewed. The applicant's work status was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent Topical #100 with 3 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 Voltaren Gel 1% (Diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. 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, and/or shoulder. Here, it appeared that topical Voltaren was being employed for the cervical spine, i.e., a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's report of April 9, 2015 did not set forth a clear or compelling case for Voltaren gel in the face of the unfavorable MTUS position on the same for the body part in question, the cervical spine. Therefore, the request was not medically necessary.