

Case Number:	CM15-0116053		
Date Assigned:	06/24/2015	Date of Injury:	08/18/2005
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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 71-year-old male who sustained an industrial injury on 8/18/2005 resulting in pain to his lower back. The injured worker is diagnosed with lumbar radiculitis, degenerative disc disease and lumbar discogenic pain. Treatment has included physical therapy, home exercise, epidural injections, NSAIDs and Baclofen. He reported 60% temporary pain relief in the lumbar region from right L3/L4 epidural steroid injections, which lasted approximately four months. Other treatments provided mild, temporary relief from pain, but the injured worker currently reports that the pain is increasing. Treating physician's plan of care includes acupuncture, physical therapy and Voltaren gel. The injured worker is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 2 grams, quantity of three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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. Request for topical medication was only due to patient's preference and not due to any medication intolerance or medical reason. While patient may have benefit from knee pain, the provider has not documented where this medication is to be used and documentation states that patient's pain is mostly shoulder and back and therefore is not medically necessary.