

Case Number:	CM15-0122100		
Date Assigned:	07/06/2015	Date of Injury:	12/26/2011
Decision Date:	09/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49 year old female injured worker suffered an industrial injury on 12/26/2011. The diagnoses included lumbar strain, degenerative disc disease with lumbar intervertebral disc herniation, right lumbosacral radiculopathy, depression and anxiety. The injured worker had been treated with medications. On 5/20/2015, the treating provider reported taught bands found at myofascial trigger points and twitch responses of the lumbar muscles that radiated to the buttocks. The injured worker had not returned to work. Activities of daily living were still limited by the severity of her chronic pain but were improving with current medications and home exercise. The pain was rated 5/10. On exam there was severe tenderness of the lumbar spine. The injured worker had not returned to work. The treatment plan included Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4gm, 1 unit twice a day #1 100 gram: 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, NSAID, and Voltaren gel Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state Voltaren gel 1% (diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend 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. The documentation provided did not indicate goals of treatment or include a comprehensive pain assessment and evaluation. The Request for Authorization indicated Voltaren gel was to be used for lumbar strain/sprain which was not included in the conditions that the medication is recommended for. Therefore, Voltaren gel is not medically necessary.