

Case Number:	CM15-0124666		
Date Assigned:	07/09/2015	Date of Injury:	08/23/2011
Decision Date:	09/03/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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 injured worker is a 45-year-old female, with a reported date of injury of 08/23/2011. The mechanism of injury was a slip on a wet spot on the floor and fall to the floor. The injured worker fell forward and landed on her knees, twisting her right ankle in the process. The injured worker's symptoms at the time of the injury included immediate onset of pain and bruising to the left knee, left arm and elbow, lower back, and right ankle. The diagnoses include lumbar strain, right shoulder strain, right knee contusion and strain, right hip contusion and strain, right ankle strain, obesity, and flare-up of the condition. Treatments and evaluation to date have included oral medications, topical pain medication, a walker, a hard brace in the lumbar spine, ice/heat treatment, and chiropractic treatment. The diagnostic studies to date have included x-rays, which were negative for fracture; an MRI of the left knee on 11/02/2011; and an MRI of the lumbar spine on 11/02/2011. The progress report dated 05/20/2015 indicates that the injured worker returned for follow-up regarding her right shoulder, right arm, right knee, right hip, and right ankle pain. She rated her pain 7 out of 10. The injured worker noted significantly increased lower back pain with radiation to the right and left lower extremity, right greater than left. She felt that her pain was significantly increased with work. She reported improvement in her pain level from 9 out of 10 down to 4 out of 10 after taking the medications (Norco and Gabapentin). An examination of the lumbar spine showed extremely limited motion of the lumbar spine; and palpable muscular hypertonicity and tenderness of the lumbar spine. It was noted that the physical examination was consistent with a possible flare-up of the condition with discopathy. It was noted that the injured worker was currently not working and remained temporarily totally

disabled. The treatment plan included a prescription for Diclofenac and Voltaren gel; and follow-up in four weeks. The initial report dated 04/30/2015 indicates that the injured worker rated her right shoulder/arm pain 9 out of 10; her left arm pain 8 out of 10; her right hip pain 9 out of 10; her right knee pain 9 out of 10, her right ankle pain 10 out of 10; and her low back pain 9 out of 10. The injured worker was currently not working; and she last worked on 04/14/2015. She was temporarily totally disabled until 05/20/2015. The treating physician requested Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, Qty 100 mg: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The medical report dated 01/07/2013 indicates that Bupropion (an antidepressant) was listed as a current medication; however, there was no documentation that the Bupropion had failed. The injured worker had used the Voltaren gel since at least 01/07/2013. The guidelines indicate that Voltaren gel is indicated for the relief of osteoarthritis pain in joints (ankle, elbow, foot, hand, knee, and wrist). "It has not been evaluated for the treatment of the spine, hip or shoulder." The treating physician recommended the application of Voltaren gel two times a day to the right shoulder, right knee, right hip, and right ankle, with no refill. There was no documentation that the injured worker had been diagnosed with osteoarthritis. The medications prescribed were to control the injured worker's symptoms and aid in restoring function in order to adequately perform her activities of daily living. There was documentation that the injured worker was taken off work based on significant functional losses, and she would be off work for three weeks. The request does not meet guideline recommendations. Therefore, the request for Voltaren gel is not medically necessary.