

Case Number:	CM15-0127869		
Date Assigned:	07/14/2015	Date of Injury:	09/11/2000
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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 58 year old female who sustained an industrial injury on September 11, 2000. She has reported low back pain and left leg pain and has been diagnosed with chronic low back pain, lumbar disk injuries, chronic pain syndrome with depression, chronic neck pain, and lumbosacral radiculopathy. Treatment has included medications and a TENS unit. There was tightness and tenderness to the cervical paraspinals and upper trapezius muscles. There was tightness and tenderness of the bilateral lumbosacral paraspinal muscles. Lumbar MRI dated May 14, 2003 showed 5 mm L4-5 central disk protrusion and 5-6 mm L5-S1 central disk extrusion with degenerative disc disease. The treatment request 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 4g QID 300g Refill 1: 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): 111-112.

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 indicate that the injured worker had joint pain with wrist/hand pain, and numbness, tingling in both hands, however, this progress report was dated 10/28/14. With regard to medication history, this was the first prescription of voltaren gel. As there are no more recent evaluations regarding osteoarthritis or joint pain, the request is not medically necessary.