

Case Number:	CM15-0066145		
Date Assigned:	04/13/2015	Date of Injury:	04/12/2007
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 64 year old male with an industrial injury dated April 12, 2007. The injured worker diagnoses include cervical strain, L4-5 annular tearing, right knee pain following arthroscopy with chondromalacia, left carpal tunnel syndrome and first carpometacarpal joint pain, status post right carpal tunnel release surgery and first carpometacarpal joint fusion on 9/19/13, stress syndrome, insomnia, left ventricular hypertrophy rule out labile hypertension, L4-5, L5-S1 disc protrusion, and gastrointestinal reflux and irritable bowel syndrome with rectal bleeding. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/05/2015, the injured worker reported pain in his neck, low back, bilateral shoulders, bilateral hands and right knee. Objective findings revealed tenderness, swelling and positive grind maneuver in the right knee. The treating physician prescribed 2 Voltaren 1% gel now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Voltaren 1% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: This 64 year old male has complained of neck pain, hand pain and right knee pain since date of injury 4/2/07. He has been treated with surgery, physical therapy and medications. The current request is for Voltaren 1% gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren 1% gel is not indicated as medically necessary.