

Case Number:	CM15-0074640		
Date Assigned:	04/24/2015	Date of Injury:	02/26/2014
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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, West Virginia, Pennsylvania 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 57-year-old, female who sustained a work related injury on 2/26/14. The diagnoses have included lumbar radiculopathy and cervical sprain. The treatments have included medications, physical therapy, heat/cold therapy, and home exercise program and pain gel. In the PR-2 dated 3/31/15, the injured worker complains of neck and mid back pain. She complains of gastric symptoms and is not tolerating oral medications. The treatment plan is to continue taking medications including Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Voltaren 1% gel 100 grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Voltaren Gel is indicated for relief of osteoarthritis pain in joints. It has not been evaluated for treatment of the spine, hip, or shoulder. Thus, the request for Voltaren gel in this patient with lumbar pain is not medically necessary and appropriate.