

Case Number:	CM15-0093487		
Date Assigned:	05/19/2015	Date of Injury:	01/21/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 21, 2013. In a utilization review report dated May 7, 2015, the claims administrator failed to approve a request for Voltaren Gel. The applicant's attorney subsequently appealed. In a progress note dated February 24, 2015, the applicant reported ongoing complaints of chronic neck pain. The applicant had apparently developed issues with opioid withdrawals and/or opioid-induced vomiting at various points in time, it was suggested. 10/10 pain without medications versus 9/10 pain with medications was reported. The applicant was placed off of work, on total temporary disability, while Nucynta and tramadol were prescribed. The applicant's complete medication list was not seemingly incorporated into the text of the report. There was no mention made of the Voltaren Gel at issue on this occasion. In an RFA form dated April 28, 2015, Voltaren Gel, Neurontin, chiropractic manipulative therapy, and massage therapy were sought. In an associated progress note of April 7, 2015, the applicant reported ongoing complaints of neck pain, 10/10 without medications versus 9/10 with medications, exacerbated by lifting, bending, sitting, and standing. The applicant was worsened since the last visit, it was reported. Topical Voltaren and oral gabapentin were endorsed while the applicant was kept off of work, on total temporary disability. The note was very difficult to follow and comprised, in large part, of various guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #3: 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 Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Voltaren Gel was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the neck (a.k.a. cervical spine). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren Gel has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the attending provider did not furnish a compelling rationale for introduction of Voltaren Gel for the cervical spine, i.e., a body part for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of various first-line oral pharmaceuticals, including Norco, Nucynta, Motrin, etc., effectively obviated the need for the Voltaren Gel at issue. Therefore, the request was not medically necessary.