

Case Number:	CM15-0099698		
Date Assigned:	06/02/2015	Date of Injury:	10/09/2014
Decision Date:	06/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/24/2015

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 42-year-old male, who sustained an industrial injury on 10/9/2014. He reported being struck by a car, while working on the highway. The injured worker was diagnosed as having medial left knee meniscus tear, mild traumatic brain injury, post-concussion syndrome and posttraumatic headaches. Lumbar x rays showed multilevel degeneration. Treatment to date has included physical therapy and medication management. In progress notes dated 4/1/2015 and 4/16/2015, the injured worker complains of headache, left knee pain and low back pain, rated 6/10. Physical examination showed mild crepitus with range of motion and right-sided lumbar/sacral tenderness with decreased range of motion. The treating physician is requesting Voltaren gel 1%, 2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 2 tubes: 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 Page(s): 111.

Decision rationale: This 42 year old male has complained of knee pain and headaches since date of injury 10/9/14. He has been treated with physical therapy and medications. The current request is for Voltaren gel 1%. 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 gel 1% is not indicated as medically necessary.