

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/13/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Voltaren gel, 1%, dispense 3 (Three)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for the requested Voltaren gel, 1%, dispense 3 (Three) has not been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on xx/xx/xx due to a slip and fall injury. The patient sustained injuries to the right elbow, low back, and neck. The patient had been followed by for treatment. The last full clinical report from was completed on 09/25/14 which noted ongoing complaints of pain in the low back with numbness in the left leg as well as right shoulder and neck pain. The patient's physical examination noted decreased range of motion at the elbow and shoulders in the right upper extremity. No focal neurological deficits were evident. Medications at this evaluation included Ketoprofen 200mg daily, Ultracet 37.5/325mg twice daily, Pristiq 50mg daily, a topical cream with no specified components, and Voltaren gel 1% for radicular syndrome of the upper extremities.

The use of Voltaren gel was denied by utilization review as there was no evidence of ongoing osteoarthritis that had failed oral anti-inflammatories or that the patient had any contraindications to oral anti-inflammatories. There was a letter from dated 03/03/14 which indicated Voltaren gel was medically appropriate for radicular syndrome.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation submitted for review provides very limited information regarding the patient's current clinical status. The last full clinical report from was from September of 2014 and the patient's current clinical status is unknown. There is no indication of any ongoing osteoarthritis that is symptomatic that would support the use of Voltaren gel. There is no indication from the clinical records that the patient has any significant contraindications to oral anti-inflammatory use. The patient did previously utilize anti-inflammatories such as Ketoprofen. The use of Voltaren gel in addition to oral anti-inflammatories would be considered duplication of therapy and not

medically indicated. Therefore, it is this reviewer's opinion that medical necessity for the requested Voltaren gel, 1%, dispense 3 (Three) has not been established and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)