

Case Number:	CM13-0015263		
Date Assigned:	10/08/2013	Date of Injury:	01/07/2013
Decision Date:	03/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with date of injury 01/07/2003. He was diagnosed with a sprain and strain of the lumbar. Patient is followed by [REDACTED] most recent PR-2 states that acupuncture was helping the patient's left hip and low back pain. The patient has no complaints of shooting pain and no radiating numbness or weakness. He has been able to tolerate full duty. NSAIDs tend to upset his stomach. Left hip examination showed normal range of motion, normal strength, no tenderness, no bony tenderness, no swelling, no crepitus and no deformity. Lumbar examination revealed tenderness, normal range of motion, no bony tenderness, no swelling, no edema, no deformity, no pain and no spasm. Neurologic exam was normal. In the previous utilization review, both acupuncture and physical therapy were extended to the maximum recommended by the Guides. In addition, Volteren gel was authorized x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional acupuncture visits (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized.

Six (6) physical therapy visits (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.

Diclofenac sodium (Voltaren) 1% topical gel: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Voltaren Gel.

Decision rationale: The Physician Reviewer's decision rationale: Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren®), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. (FDA, 2011) Medical records indicate that the patient is intolerant to NSAIDs, which upset his stomach. Although not recommended as a first-line treatment, Voltaren gel is recommended in the event that NSAIDs fail.