

Case Number:	CM13-0017055		
Date Assigned:	10/11/2013	Date of Injury:	10/27/1999
Decision Date:	04/02/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This female sustained an injury on 10/27/99 while employed by [REDACTED]. Requests under consideration include Topicals Voltaren and Flector. Report of 7/8/13 from the provider noted the patient has been doing about the same as last visit and has been using the Voltaren and Lidoderm cream with great relief with the combination and ease of use. The patient stated she his trying to gett off the oral medications. At visit, she has increased pain in the left hip and decreased in the right; otherwise her pains levels are unchanged. "She is in need of refills on her Voltarn Gel, Cymbalta, Ultracet, Lunesta, and Senna. Patient was refilled n 6/26/13 on medications." Previous treatments have included spinal cord stimulation trial and implant, acupuncture, chiropractic, discogram, epidural steroid injections, heat/ice treatment, massage therapy, physical therapy, TENS, trigger point injection, and intradiscal electrothermal therapy/Nucleoplasty. Disability status is permanent & stationary. Exam noted tenderness and spasms with limited range of lumbar spine; Deep tendon reflexes 2+; 5/5 motor strength throughout lower extremities. Diagnoses included Lumbosacral Disc Degeneration/ Neuritis; Temporomandibular joint disorder, left; Generalized Anxiety; Drug Dependence. Plan was to continue medications as prescribed without change. Requests for topical Voltaren Gel and Flector patch were non-certified on 8/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Voltaren's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue Topical Voltaren for an injury of 1999 nor have the topical NSAID gel demonstrated any functional efficacy derived from treatment already rendered as reported on 7/8/13 by the provider having unchanged pain complaints without identifiable neurological deficits in a patient without contraindication to oral medications as she is taking numerous others such as Ultracet, Senna, Lunesta, and Cymbalta. Additionally, it would not be appropriate to evaluate a request for Topical Voltaren, without specified quantity. The is not medically necessary and appropriate.

FLECTOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond a trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 1999 injury. There is no documented functional benefit from treatment already rendered for this permanent and stationary injury with unchanged symptoms and clinical findings without flare-up or new injury noted per submitted reports. This patient is also prescribed concurrent Topical Voltaren, which would not be recommended for increased risk of gastrointestinal bleeding. Additionally, it would not be appropriate to evaluate a request for Flector, without specified quantity. The Flector is not medically necessary and appropriate

