MAXIMUS Federal Services

Case Number:	CM13-0027563		
Date Assigned:	03/14/2014	Date of Injury:	05/05/2010
Decision Date:	06/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Aneshtesiology, has a subspecialty in Pain 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 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/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:

Treatment to date has included physical therapy, home exercise, pain medications and epidural steroid injection. Utilization review from August 29, 2013 denied request for pharmacy purchase of Diclofenac Sodium (Voltaren) Gel 1% Qty. 100 due to lack of evidence of failure of NSAIDs or injury osteoarthritis. Medical records were reviewed from 2012 to 2014 showed that the patient has been experiencing continued pain at the lumbo-sacral area with radiation to left lower extremities with tingling which started after the fall incident dated May 10, 2010. For which she was started conservative treatment such as cold packs, home exercises and pain medications which provided no relief. Further work-up was done where radiographic evidences and MRI revealed spondylolisthesis at L4-L5 with bulging foraminal involvement and spinal stenosis. With these results, the patient was already advised to undergo L4-L5 transforaminal lumbar interbody fusion; L5-S1 decompression dating back September 29, 2011. Though deemed to be necessary, patient opted to forego the procedure. Since December 3, 2010, after pain management evaluation patient had undergone several L4-L5, L5-S1 transforaminal epidural steroid injection which resulted to 40-60% improvement to the lumbo-sacral pain and relief from tingling for 5 months. Recent progress notes dated October 22, 2013 describes the lumbo-sacral pain as intermittent and slight that increases to moderate with lifting and bending activities. The pain does not cause disturbance in sleep and in activities of daily living. Upon follow-up on October 24, 2013 the patient claims to still have back pain with shooting pain to her calves without any new neurologic deficit utilizing Norco which provides her some relief. On physical examination of the lumbo-sacral spine tenderness at L3 and L4 were noted with pain upon passive and active range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF VOLTAREN GEL 1% QTY. 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Section Page(s): 112.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 112, Voltaren Gel is indicated for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient has significant pain due to an anatomic defect. However, there was no discussion concerning the indication for Voltaren in this patient and there is no evidence of osteoarthritis or failure of NSAIDs. Therefore, the request for Voltaren Gel 1% #1 is not medically necessary.