MAXIMUS Federal Services

Case Number:	CM13-0055740		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2010
Decision Date:	03/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Emergency 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:

Patient with date of injury on 11/01/2010. Mechanism reported as injury of low back and lower extremity pains while twisting her back while at work. Diagnosis of lumbar radiculopathy, gait disturbance and lumbar disc degeneration. Multiple charts reviewed from consulted neurosurgeon, orthopedic surgeon, functional restorative program and primary treating physician with last available reports available until 11/20/13. A note from primary treating physician on 11/4/13 notes a conversation with utilization reviewer concerning voltaren gel non-certification and treating physician "agreed with him" but followup report states that a utilization review for voltaren gel was requested but no rationale was provided to reverse change in agreement. Pt complaining of severe low back pain, buttock with pain radiating down both legs. Pain exacerbated by standing, walking, bending, lifting and sneezing. Objective exam reveals antalgic gait, decreased lumbar range of motion. Tenderness along lumbar paraspinal region. Normal neuro and motor exam. Normal muscle tones. Currently reportedly undergoing functional restorative program. Patient has undergone physical therapy, lumbar epidural steroid injection(ESI), medication and activity modification. Reported that the injections did not help her pain(as per neurosurgery and functional restorative physician) but contradicted by primary treating physician who states that ESI improved pain. Pt reports 8/10 to 6/10 pain improvement with oral pain medications with concomitant noted improvement in sleep and activity. CT myelogram reportedly showed some neural foramina narrowing only(as per neurosurgeon-no report found in provided charts). MRI on 11/20/10 reveals L5-S1 degenerative disc disease and 2mm R paracentral disc protrusion with an annular fissure. R neuro-foraminal stenosis-mild. Pt is currently on tramadol, gabapentin, oxycodone and metformin. Utilization review is for Voltaren(Diclofenac sodium) 1%gel #400. Last utilization review is on 11/4/13. Review approved Oxycodone and gabapentin. Recommended non-certification of Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren (diclofenac sodium) dosage 1% gel, dispense 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Voltaren(diclofenac sodium) gel is a topical Non-steroidal antiinflamatory drug(NSAID). As per MTUS chronic pain guidelines, topical NSAIDs have inconsistent results but is better than placebo for pain during initial 2weeks of pain with diminishing results over time. It is currently only recommended for short term use and for osteoarthritis of joints that are amenable for topical treatment(such as elbow or knees). There is no evidence to support its use for spine, hip or shoulder pains. Patient appears to be on voltaren gel chronically with no specific documentation as to its efficacy by primary treating physician(there is documentation of pain improvement of overall pain with all medications including oral pain meds). In conclusion, NSAID gels are not recommended for long term use and there is no evidence to support its use for spine related pain. Voltaren gel is not recommended.