

Case Number:	CM13-0062250		
Date Assigned:	12/30/2013	Date of Injury:	02/20/1997
Decision Date:	04/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 60-year-old male who reported an injury on 02/20/1997. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 11/06/2013 reveals the patient continues to have complaints with increased pain status post a fall 6 weeks prior to the clinical visit on 11/06/2013. It is stated that the patient responded well to a sample of Voltaren gel, however, his pain still impairs standing, sitting, walking and sleep. Physical examination revealed severe bilateral lumbar tenderness, greater on the left than the right. There was noted tenderness to palpation at L4-5, and range of motion was restricted with forward flexion measured at 45 degrees, hyperextension at 15 degrees, right lateral bend at 15 degrees, left lateral bend at 5 degrees, and sciatic notch tenderness noted bilaterally. Lying and sitting straight leg raise were positive bilaterally, however, only posterior on the right. The patient exhibited an antalgic gait with weakness noted. There were spasms noted bilaterally to the lumbar spine, and decreased sensation to light touch to the right lower extremity and left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the California MTUS Guidelines it is stated that topical analgesics are largely experimental in use, with few randomized control trials to determine the efficacy and safety of its use. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and it is not recommended for neuropathic pain, as there is no evidence to support its use. There is no documentation in the medical record suggesting that there have been any failed attempts at the use of antidepressants, anticonvulsants, or the oral form of the requested medication to treat the patient's condition to treat the patient's condition. As such, the medical necessity for the requested service cannot be determined at this time and a request for 1 prescription of Voltaren 1% gel 60 gm with 5 refills is noncertified.