

Case Number:	CM13-0072628		
Date Assigned:	01/08/2014	Date of Injury:	06/14/2006
Decision Date:	07/10/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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 injured worker is a 47-year-old male who reported an injury on 06/14/2006. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 11/26/2013, the injured worker complained of back pain which was moderate to severe and worsening. The injured worker reported the pain radiated into the left calf, left foot, and left thigh. The injured worker described the pain as an ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, and stabbing; he rated his pain 10/10 without medication, and 6/10 with medication. His symptoms were aggravated by ascending stairs, bending, changing positions, and coughing, daily activities, descending stairs, extension, flexion, jumping, lifting, rolling over in bed, running, sitting, and standing, twisting, and walking. Upon physical exam, the provider noted the injured worker had tenderness over the buttock and SI joint. The provider noted tenderness to palpation at the L4-5 facet with left foot tingling. The injured worker had previously utilized heat, ice, lying down, trigger point injections, and pain medication for relief of pain. The provider requested Voltaren topical. However, a rationale was not provided for review within the documentation. The Request for Authorization was submitted and dated 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 15 (2G) APPLY TOPICAL 4TIMES A DAY #240: Upheld

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

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

Decision rationale: The request for Voltaren 15 (2 g) applied topical 4 times a day #240 is non-certified. The injured worker complained of back pain which was moderate to severe and worsening. The injured worker noted the pain radiated into the left calf, left foot, and left thigh. He described the pain as an ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, and stabbing. He rated his pain at 10/10 without medication and 6/10 with medication. The California MTUS Guidelines note topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. The guidelines note any compound or product that contains 1 drug or drug class that is not recommended is not recommended. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amiable to topical treatment. The guidelines recommend topical NSAIDs for short term use of 4 to 12 weeks. Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. There is a lack of documentation indicating the injured worker to have a diagnosis of osteoarthritis. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the injured worker has been utilizing the medication since 11/2013 which exceeds the guidelines recommendation of use for 4 to 12 weeks. In addition, the request does not specify the treatment site. Therefore, the request for Voltaren 15 (2 g) applied topically 4 times a day #240 is not medically necessary.