

Case Number:	CM14-0007162		
Date Assigned:	02/07/2014	Date of Injury:	05/16/2005
Decision Date:	06/23/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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:

The patient is a 47-year-old male who has submitted a claim for cervical and lumbar degenerative disc disease associated with an industrial injury date of May 16, 2005. Medical records from 2008 to 2013 were reviewed. The patient complained of persistent neck and lower back pain with symptoms of radiculopathy. Pain was rated 9/10 without medications, 4/10 with medications, and was aggravated by normal movements. Physical examination of the neck showed paraspinal muscle tenderness and tightness, reduced cervical ROM in all planes, and +1 DTRs. Physical examination of the lower back showed bilateral sciatic notch, sacroiliac joint, and paraspinal muscle tenderness; positive Patricks's sign, Gaenslen's test, and SLR on the right. Lumbar extension neutral to 10 degrees with pain; lateral flexion WFL bilaterally, and rotation WFL with increased low back pain bilaterally. There was decreased sensation over the L4 and L5 dermatomes on the right; and +1 achilles tendon reflex bilaterally. Treatment to date has included (NSAIDs) non-steroidal anti-inflammatory drugs, opioids, anticonvulsants, antidepressants, muscle relaxants, (TENS) transcutaneous electrical nerve stimulation, physical therapy, H-wave, and epidural steroid injections. Utilization review from January 8, 2014 denied the request for Diclofenac sodium (Voltaren) 1% gel 500gms because this medication has not been evaluated for treatment of the spine and there were reports of significant pain reduction with oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM (VOLTAREN) 1% GELL 500GMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, 9792.24.2 Page(s): 112.

Decision rationale: According to page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren® Gel 1% (Diclofenac): is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there was no previous use of Voltaren gel; this medication was only prescribed as a substitute for the denied Terocin cream. However, usage of this medication for the spine has not been evaluated. In addition, there were no reports of failure or intolerance to oral medications. In the recent progress notes, the patient reported that oral pain medications are helpful for pain control, and functional mobility. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Diclofenac sodium (Voltaren) 1% gel 500gms is not medically necessary.