

<b>Case Number:</b>	CM14-0012494		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/22/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old male with a date of injury of 07/22/2007. The listed diagnoses are: 1. Status post total disk arthroplasty L4 to L5. 2. Status post lumbar fusion L5 to S1. According to report 11/06/2013 by [REDACTED], the patient presents with continuous pain in his lower back with pain radiating to his legs. He has numbness and tingling in his left calf and his 3rd, 4th, 5th toes in his left foot. This patient is status post microdiscectomy in 1999 and lumbar fusion in 2012. Progress report 12/22/2013 by [REDACTED] states the patient has bilateral lower extremity pain. It was noted he has attended "a series of physical therapy sessions" which have significantly improved his overall functional level to an extent that he has gained lower extremity strength as well as increased his walking distance. He reports intermittent lower extremity weakness with his legs giving out. The recommendation is for Voltaren gel 2 refills and "outpatient physical and occupational therapy 2 to 3 times per week for 3 months to include evaluation for the lumbar spine." Utilization review denied the requests on 01/23/2014.

### 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% TRASDERMAL 1 TUBE WITH 2 (TWO) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Gel..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting a Voltaren gel 1% transdermal tube with 2 refills. The MTUS Guidelines state, "efficacy in clinical trials for this topical NSAIDS modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short-term use 4 to 12 weeks. There is little evidence utilized topical NSAIDs for treatments of osteoarthritis of the spine, hip, or shoulder." As indicated in the provided medical records, the patient is being treated for low back complaints. The patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, the request is not medically necessary.

**OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY 2-3 TIMES PER WEEK FOR 3 MONTHS TO INCLUDE AN EVALUATION FOR LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting "outpatient physical and occupational therapy 2 to 3 times per week for 3 months to include an evaluation for the lumbar spine." In this case, review of the progress reports and AME report indicates the patient has participated in prior physical therapy with great improvement; however, no physical therapy reports were provided for review. Although, this patient may have experienced some gain with prior therapy, the treater's request for "2 to 3 times per week for 3 months" exceeds what is recommended by MTUS. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. The request is not medically necessary.