

Case Number:	CM14-0121467		
Date Assigned:	09/16/2014	Date of Injury:	11/12/2009
Decision Date:	11/06/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 and is licensed to practice in Alabama. 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 64 year old male who was injured on 11/12/2009 while performing his usual and customary work related duties. Prior treatment history has included 9 sessions of physical therapy, acupuncture, nerve block injections, and medications. Office visit dated 04/23/2014 states the injured worker complained of low back pain. He described the pain as constant, burning, shooting, and exhausting. The pain radiates down his legs bilaterally. The injured worker had a medial branch block which provided him with 80% pain relief. On exam, he has tenderness over the L4-L5 regions and difficulty transitioning from a sitting position to a standing position. Lumbar spine forward flexion is 40 degrees; hyperextension at 10 degrees; right lateral bending at 15 degrees; and left lateral bending at 15 degrees. Straight leg raise is positive bilaterally. The injured worker is diagnosed with lumbar intervertebral disc degenerative disease. The injured worker has been recommended to continue with conservative treatment including home exercise program, moist heat, and stretches. Prior utilization review dated 07/24/2014 states the request for Voltaren gel 1 % #1 tube is denied as gel form NSAIDS has not been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1 % #1 tube: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The above MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" and for topical NSAIDS states "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, there is no documentation of prior antidepressants or anticonvulsants, nor is there a joint pathology that is amenable to topical treatment. Note from 4/23/14 states "Current Medications (including medications started this update): None" and the only diagnosis listed is "Degen Lumbar/Lumbosacral Intervertebral Disc." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.