

Case Number:	CM14-0145787		
Date Assigned:	09/12/2014	Date of Injury:	10/01/2009
Decision Date:	11/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Practice 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:

Claimant is a 55 year old male who sustained a work injury on 8/19/14 involving the neck and back. He was diagnosed with cervical strain and lumbar facet fracture. He was noted to have 7/10 neck and back pain. Exam findings were notable for pain on palpation of the right hip, right hip impingement findings and tremors. The claimant had been on Zanaflex for spasms, medical marijuana, Trazadone for depression, Anaprox for pain, and Omeprazole for dyspepsia. The treating physician requested Colace for constipation, spine surgery consult and topical Voltaren gel for the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82/-92.

Decision rationale: According to the MTUS guidelines, stool softeners are recommended when initiating opioids to prevent constipation. In this case, the claimant was not on opioids. There

was no mention of constipation or an abnormal abdominal exam. The Colace is not medically necessary.

Voltaren gel 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical (non-steroidal anti-inflammatory drugs); Diclofenac.

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

Decision rationale: According to the MTUS guideline, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical non-steroidal anti-inflammatory drug (NSAID). It 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, the Voltaren had been given for application to the hip. Based on lack of clinical evidence as noted in the guidelines, the use of topical Voltaren is not medically necessary.

Spine surgery consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127 and the Official Disability Guidelines-online version-Low Back-Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty consult, page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the exam findings did not indicate the need for surgery or a complex diagnosis that would require additional intervention. The request for a spine surgery consult is not medically necessary.