

Case Number:	CM14-0164537		
Date Assigned:	10/09/2014	Date of Injury:	02/11/2000
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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:

Injured worker is a male with date of injury 2/11/2000. Per primary treating physician's progress report dated 9/10/2014, the injured worker complains of lower back pain. His symptoms have been gradually increasing lately. He is still trying to work. Pain is felt in the lower back region and at times down his legs. He has to take 1-2 hydrocodone per day for pain relief. He is on his own for chiropractic treatments as well, and those only last for a short period of time. On examination he is able to perform toe walking, heel walking, tandem gait and normal gait. There is mild tenderness to palpation of the lumbar sacral spine. Flexion is 50 degrees and extension is 20 degree with pain. Right knee reflex is hyperactive (3); otherwise neurologic and motor exam findings are normal. He has obvious pain getting in and out of the exam chair. Overall, there are no significant changes in the physical exam. Diagnoses include 1) degeneration of intervertebral disc 2) spinal stenosis of lumbar region 3) neurogenic claudication 4) backache 5) degeneration of intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren 1% topical gel #1 100gm tube with 2 refills: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. The injured worker is experiencing low back pain with mild tenderness on palpation and pain with range of motion. Short-term use of Voltaren gel is not indicated for low back pain. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Voltaren 1% topical gel #1 100gm tube with 2 refills is determined to not be medically necessary.