

Case Number:	CM14-0172000		
Date Assigned:	10/23/2014	Date of Injury:	09/11/2008
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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 injured worker (IW) is a 55-year-old woman with a date of injury of September 11, 2008. The mechanism of injury is not documented in the medical record. The IW is receiving treatment for mood disorder, sacroiliac pain, spinal/lumbar degenerative disc disease, and low back pain. There were 18 pages submitted for review. There were no clinical evaluations or progress notes submitted for review. There was a clinical summary submitted by Network Medical Review (NMR) that referenced a noted dated October 3, 2014. Those records were not provided to this reviewed for the requested Voltaren Gel 1% (#3 with 3 refills) and physical therapy 2 times a week for 6 weeks (12 visits) for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks for 12 visits for the low back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: The ODG preface states patients should be formally assessed after a six visit clinical trial to see if the patient was very conversation in a positive direction, no direction or negative direction. Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. In this case, the medical record does not contain any clinical medical evaluations or progress notes. A review of the utilization review indicates the injured worker received physical therapy in the past, the injury is chronic, and the patient does not participate in home exercise program to incorporate her gym routine. Consequently, physical therapy two times a week for six weeks for 12 visits to the lower back is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy two times a week for six weeks for 12 visits to the lower back is not medically necessary.

Voltaren 1% Gel #3 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, hand, knee, etc.). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there are no clinical evaluations or progress notes to review. There is a phone summary in the utilization review. The injured worker is receiving treatment for sacroiliac pain, spinal/lumbar degenerative disc disease and low back pain. Voltaren gel 1% is not indicated for treatment of the spine, hip or shoulder. It is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. None of the musculoskeletal regions are amenable to topical treatment. Consequently, Voltaren gel1% is not clinically indicated and not medically necessary.