

Case Number:	CM14-0177495		
Date Assigned:	10/30/2014	Date of Injury:	11/20/1996
Decision Date:	12/08/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man woman who sustained a work-related injury on November 20, 1996. Subsequently, the patient developed with chronic back pain. The patient was diagnosed with the chronic low back pain, right groin pain and status post lumbar fusion. The patient was also diagnosed with failed spinal cord stimulator trial. According to a progress note dated on September 9, 2014, the patient continued to complain of low back pain radiating to both lower extremities. The patient was stable on pain medications including Cymbalta, tramadol, Zanaflex, Prilosec, Restoril and Voltaren gel. However there is no quantity medication of the pain and functional improvement. The provider request authorization to continue using Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, one tube with two 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of NSAID oral medication for the treatment of pain. Therefore, topical analgesic Voltaren gel, one tube with two refills is not medically necessary.