

Case Number:	CM14-0178024		
Date Assigned:	10/31/2014	Date of Injury:	08/29/1997
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 8/29/1997. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and knee pain since the date of injury. She has been treated with physical therapy, TENS unit, epidural steroid injection and medications. There are no radiographic data included for review. Objective: cool, clammy skin; slightly slurred speech. No documentation of musculoskeletal or neurologic examination. Diagnoses: lumbar sprain. Treatment plan and request: Voltaren transdermal gel; Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Transdermal Gel, 1% 2gms with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 59 year old female has complained of low back pain and knee pain since date of injury 8/29/1997. She has been treated with physical therapy, TENS unit, epidural steroid injection and medications. The current request is for Voltaren transdermal gel. Per the

MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Voltaren transdermal gel is not indicated as medically necessary.

Carisoprodol 350mg #50 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This 59 year old female has complained of low back pain and knee pain since date of injury 8/29/1997. She has been treated with physical therapy, TENS unit, epidural steroid injection and medications to include muscle relaxant agents since at least 06/2014. The current request is for Carisoprodol. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). The recommended duration of use of a muscle relaxant agent has been exceeded in this patient. On the basis of the MTUS guidelines Carisoprodol is not indicated as medically necessary.