

Case Number:	CM14-0033301		
Date Assigned:	06/20/2014	Date of Injury:	09/02/2003
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, 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:

This 43 year-old patient sustained a low back injury on 9/2/2003 while employed by [REDACTED]. Request(s) under consideration include Voltaren Gel 1%, four (4) grams. The patient is s/p right and left L5-S1 laminotomy, facetectomy, discectomy of L5-S1, partial L5 vertebrectomy, and posterior fusion and rod fixation at L5-S1 on 2/14/08. Report of 2/24/14 from the provider noted ongoing lower back pain radiating to left calf; unable to stand straight. Medications include Cymbalta, Gabapentin, Morphine MED 90. Exam showed antalgic wide-based gait; tenderness at thoracic T9-10; tender lumbar incision, spasm; tender facets at L4-S1; positive loading maneuvers; limited range in all planes; trigger points in paravertebral muscles; tenderness through SI joint with referred pain to buttocks; diffuse decreased motor testing through bilateral lower extremities with hypersensitivity diffusely in bilateral lower extremities. Diagnoses include chronic intractable pain; opioid induced constipation; s/p failed lumbar surgery. Treatment included MRI, UDS, continued multiple medications including Voltaren and Motrin 600 mg TID along with Norco, Percocet, Cymbalta, and Gabapentin. Request(s) for Voltaren Gel 1%, four (4) grams was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, four (4) grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Largely experimental in use with few randomized controlled trials to determine efficacy or safety Page(s): 111-113,.

Decision rationale: This 43 year-old patient sustained a low back injury on 9/2/2003 while employed by [REDACTED]. Request(s) under consideration include Voltaren Gel 1%, four (4) grams. The patient is s/p right and left L5-S1 laminotomy, facetectomy, discectomy of L5-S1, partial L5 vertebrectomy, and posterior fusion and rod fixation at L5-S1 on 2/14/08. Report of 2/24/14 from the provider noted ongoing lower back pain radiating to left calf; unable to stand straight. Medications include Cymbalta, Gabapentin, Morphine MED 90. Exam showed antalgic wide-based gait; tenderness at thoracic T9-10; tender lumbar incision, spasm; tender facets at L4-S1; positive loading maneuvers; limited range in all planes; trigger points in paravertebral muscles; tenderness through SI joint with referred pain to buttocks; diffuse decreased motor testing through bilateral lower extremities with hypersensitivity diffusely in bilateral lower extremities. Diagnoses include chronic intractable pain; opioid induced constipation; s/p failed lumbar surgery. Treatment included MRI, UDS, continued multiple medications including Voltaren and Motrin 600 mg TID along with Norco, Percocet, Cymbalta, and Gabapentin. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications as another oral NSAID Motrin is already prescribed concurrently. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. The Voltaren Gel 1%, four (4) grams is not medically necessary and appropriate.