

Case Number:	CM14-0045126		
Date Assigned:	06/27/2014	Date of Injury:	05/24/2013
Decision Date:	08/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 64-year-old male who reported an injury on 05/24/2013 due to heavy lifting and then feeling a sudden pain to the lower back radiating down to the lower extremity. The injured worker had a history of lower back pain. The injured worker had diagnoses of lumbar disc annular fissures causing severe axial and mechanical lower back pain, disc protrusion at the L5 with radiculopathy on the left side, and significant myofasciitis. Per the clinical note dated 02/19/2014, the objective findings revealed lumbar spine with normal alignment and curvature, normal muscle tone and bulk with decreased range of motion secondary to pain at 45 degree flexion, 20 degree extension, and lateral motion rotation of 15 degrees, mild to moderate muscles spasm with tenderness at the lumbar region extending to the sacrum and a negative Faber's test. Diagnostics included lumbar epidural steroid injections dated 02/21/2014. The injured worker had an electromyogram completed that revealed radiculopathy to the L5 on the left side. The injured worker had a negative straight leg raise bilaterally, motor and sensory exams showed decreased sensation at the pinprick on the lateral calf and middle foot consistent with left sided L5 denervation, deep tendon reflexes were normal bilaterally, and gait was antalgic. The medications included Norco, Lidoderm 5% patch, Voltaren gel 1%, and viscous Lidocaine 2% gel. There was no pain scale provided. Treatment plan included a lumbar epidural steroid injection, medication, and follow-up in 1 month. The request for authorization form dated 02/24/2014 was submitted with the documentation. The rationale for the Voltaren gel 1% was not provided within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 1% four times a day 300gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

Decision rationale: The MTUS Guidelines on topical analgesics state that having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Voltaren gel is indicated for the treatment of signs and symptoms of osteoarthritis in patients at high risk for developing non-steroidal anti-inflammatory drug-induced gastric or duodenal ulcers and their complications. As such, the request is not medically necessary.