

<b>Case Number:</b>	CM14-0050755		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Occupational 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 claimant injured his low back on 07/14/06. Topical cream, acupuncture, and laboratory studies are under review. The claimant is a known diabetic. Quarterly blood tests have been recommended. He has had treatment by numerous doctors and has had numerous tests and evaluations. An AME note by [REDACTED] dated 09/07/12 which was an internal medicine reevaluation indicates that he had a sleep disorder, gastrointestinal issues and hypertensive cardiovascular disease. His sleep disorder had resolved. He was not sure what medications he was taking. His blood pressure was elevated. He took his medicine but did not know the name. His glucose was elevated and he had an elevated A1c level. His bilirubin was also elevated at 1.6. Liver function studies were elevated. Conclusions: Echocardiogram in 04/11 showed left ventricular hypertrophy with diastolic dysfunction and trace tricuspid regurgitation and an enlarged left atrium. His liver function studies were abnormal but this did not appear to be related to his industrial injury. He saw [REDACTED] on 02/15/14. He was seen for his low back pain and had a low back sprain. Laboratory studies were ordered to make sure he did not have any underlying metabolic inflammatory disorder or anything that would interfere with treatment for his industrial injury. Chiropractic, physical therapy and acupuncture were ordered. Voltaren gel was also recommended. On 05/23/14, he was seen again by [REDACTED]. He complained of ongoing pain. He was not taking medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #3 100gm With 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Voltaren gel. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant has been given medications but it does not appear that he takes them. He generally does not remember them. There is no history of intolerance to other medications such that this topical agent appears to be necessary. The medical necessity of this request has not been clearly demonstrated.

**Quarterly Lab Tests Including Basic Metabolic Panel (Chem 8) Hepatic Function Panel, Creatine Phosphokinase, C Reactive Protein, Arthritis Panel And Complete Blood Count:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine textbook, various chapters depending on the disorder that is present or suspected.

**Decision rationale:** The history and documentation do not objectively support the request for quarterly lab tests including basic metabolic panel, hepatic function panel, CPK, CRP, arthritis panel, and CBC. The specific reason for quarterly tests has not been clearly documented. Screening laboratory tests are not typically recommended unless a particular disorder is suspected and is being monitored. In this case, it is not clear whether a particular disorder is being followed. The reason for the claimant's elevated liver function tests has not been discussed in the records. The medical necessity of this request has not been clearly demonstrated.

**12 Acupuncture Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The history and documentation do not objectively support the request for 12 sessions of acupuncture prior to a successful trial, along with an ongoing exercise program. In

this case, there is no evidence that the claimant has completed a trial of acupuncture with measurable/functional improvement. It is not clear whether or not he has been involved in an ongoing exercise program. The medical necessity of this request has not been clearly demonstrated.