

Case Number:	CM14-0057161		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2006
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 47 year-old male who was reportedly injured on 6/14/2006. The mechanism of injury is listed as a low back injury while using a dolly to deliver a keg up a flight of stairs. The injured worker underwent a lumbar fusion at L5/S1 on 5/17/2011. The most recent progress note dated 9/4/2013, indicates that there are ongoing complaints of low back pain with radiation to the left lower extremity. The physical examination demonstrated antalgic gait, tenderness to facet joints, buttocks and left sacral joint, straight leg raise causing back pain only, limited lumbar spine range of motion with normal strength in lower extremities and neurovascular intact in lower extremities. A magnetic resonance image (MRI) of the lumbar spine dated 1/9/2013 showed the L5/S1 fusion without stenosis, degenerative changes and facet arthropathy at L3/4 and L4/5 without stenosis. Previous treatment includes lumbar fusion, lumbar medial branch blocks, radiofrequency ablation, epidural steroid injections, trigger point injections. Physical therapy and medications to include Voltaren 1%, Nucynta extended release, Norco and Flexeril. A request was made for Voltaren 1% and was denied in the utilization review on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltarenn 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The claimant suffers from chronic low back after an injury in 2006. There is no clinical indication for this medication and therefore the request for Voltaren 1% is not medically necessary.