

Case Number:	CM14-0132985		
Date Assigned:	08/22/2014	Date of Injury:	05/24/2013
Decision Date:	10/02/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65-year-old male, who sustained an industrial injury on 5-24-13. He reported initial complaints of a low back injury with sudden pain in the low back that radiates down the lower extremity after heavy lifting. The diagnoses have included lumbar disc injury with annular fissures causing severe axial and mechanical low back pain; lumbar disc protrusion with left side radiculopathy, myofasciitis, lumbar spinal stenosis with lower extremity radiculitis, lumbar spondylosis, Treatment to date has included medications, physical therapy, chiropractic and epidural steroid injection (ESI). Currently, as per the physician progress note dated 7-2-14, the injured worker complains of continued low back pain rated 9 out of 10 on the pain scale and decreases to 3-4 out of 10 with use of medications. The use of the medications assists him to be able to perform his activities of daily living (ADL). The diagnostic testing included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG), nerve conduction velocity studies (NCV) of the lower extremities. The current medications included Norco, Lidoderm patch, Voltaren gel, and viscous lidocaine. The urine drug screen dated 5-1-14 was consistent with the medications prescribed. The objective findings-physical exam reveals that the lumbar spine has decreased range of motion due to pain past 45 degrees of flexion, 20 degrees of extension, and 15 degrees of lateral motion and rotation. There is mild to moderate muscle spasm and tenderness from the high lumbar area down to the sacrum. There was pain with manipulation of the lower extremities. The motor and sensory exam shows decreased sensation to pin prick in the lateral calf and middle foot and the gait was antalgic. The physician requested treatment included Voltaren Gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal anti-inflammatory agents (NSAID's) Page(s): 112.

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

Decision rationale: The injured worker sustained a work related injury on 5-24-13. The diagnoses have included lumbar disc injury with annular fissures causing severe axial and mechanical low back pain; lumbar disc protrusion with left side radiculopathy, myofasciitis, lumbar spinal stenosis with lower extremity radiculitis, lumbar spondylosis, Treatment to date has included medications, physical therapy, chiropractic and epidural steroid injection (ESI). The medical records provided for review do not indicate a medical necessity for Voltaren Gel 1%. Voltaren gel is a topical analgesic containing diclofenac. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of Voltaren gel for treatment of disorders of the spine. The MTUS states FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. This request is not medically necessary.