

Case Number:	CM14-0194953		
Date Assigned:	12/03/2014	Date of Injury:	11/02/2002
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date of 11/02/02. Per the 07/28/14 report, the patient presents with chronic lower back pain and pain at "multiple sites". The patient ambulates with a cane. Examination of the lumbar spine shows tenderness to palpation of the paraspinal muscles with spasm and lower buttocks tenderness. There is limited range of motion to the right ankle and dorsiflexion is possible only in the neutral position. Motor examination shows give away weakness in all muscle groups of both lower extremities. The patient's diagnoses include:
 1. S/p ORIF for pelvic fracture
 2. S/p ORIF for sacral fracture
 3. S/p ORIF for right calcaneal fracture
 4. S/p ORIF for fusion of right ankle fracture
 5. Chronic neuropathic pain symptoms in the right foot following multiple surgeries
 Current medications are listed as Lorcet liquid, Voltaren gel, Lyrica, and Prevacid. The utilization review being challenged is dated 11/13/14. Two reports are provided dated 05/19/14 and 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Votaren gel 1% analgesic preparation as prescribed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The patient presents with chronic lower back pain and pain at multiple sites. The treater requests for Voltaren gel 1% analgesic preparation as prescribed per report of unknown date. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety.' "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 05/19/14 the treater states, "He needs his medications. He uses Voltaren but since he has had gastric bypass, he was told not to use it any more but he stated that since it helps him he uses it on occasion when pain is not helped with po med. He understands that he (sic) Voltaren gel can cause gastric problems but he still wants to use it despite the warning but not on routine basis." In this case, the requested medication is indicated for peripheral joint/arthritis, tendinitis. The reports provided state that the patient has pain at "multiple sites"; however, it is not stated that there is pain in a peripheral joint and that Voltaren gel is intended for that pain. In this case, the request is not medically necessary.