

Case Number:	CM14-0195736		
Date Assigned:	12/03/2014	Date of Injury:	12/10/2013
Decision Date:	03/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old male was a rebar placer when he sustained an injury on December 10, 2013. The mechanism of injury was not included in the provided medical records. Past treatment included acupuncture, physical therapy, home exercises, and medications including oral and topical non-steroidal anti-inflammatory and muscle relaxant. On October 24, 2014, the treating physician noted chronic pain of the bilateral lower back with radiation of pain to the bilateral lower extremities. The pain was described as numbness and stabbing with current pain level of 4/10. The pain interfered with sleep. The topical non-steroidal anti-inflammatory medication did not work as well as the oral non-steroidal anti-inflammatory medication, but it did reduce the pain by 50%. The physical exam revealed a normal gait and posture; and pain behaviors that were expected within the context of disease. Diagnoses were lumbago, displacement of lumbar intervertebral disc without myelopathy, and PTSD (posterior traumatic stress disorder). The physician recommended continuing the home exercises and medications including oral and topical non-steroidal anti-inflammatory and muscle relaxant. Current work status is temporarily totally disabled. On October 31, 2014, Utilization Review non-certified a prescription for Voltaren 1% (per cent) topical gel; apply 2gm to affected area QID (four times a day) #1, 100gm. The Voltaren was non-certified based on the medication has not been evaluated for treatment of the spine, hip or shoulder. The Voltaren is an acute medication and its use is not supported for the injured worker's chronic condition. The use of non-steroidal anti-inflammatory medications including Voltaren can cause gastrointestinal distress with cardiovascular morbidity

and renal dysfunction. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for topical analgesics was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel apply 2gm to affected area QID #1 100gm: Upheld

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

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

Decision rationale: The patient presents with chronic bilateral low back pain, lowest rated at 04/10 and worst at 10/10. The request is for Voltaren 1% topical gel apply 2gm to affected area QID #1 100gm. Patient's diagnosis on 10/24/14 included displacement of lumbar intervertebral disc without myelopathy. Patient is unemployed. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the patient does suffer from chronic low back pain. Although the patient has noted 40% reduction in pain due to the use of this medication, the patient does not present with indication for use of this medication, peripheral joint arthritis/tendinitis. Therefore, the request IS NOT medically necessary.