

Case Number:	CM14-0200797		
Date Assigned:	12/11/2014	Date of Injury:	04/09/2008
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 injured worker is a female with date of injury 4/9/2008. Per primary treating physician's progress report dated 10/13/2014, the injured worker's pain level has remained unchanged since last visit. She rates her pain with medications as 7/10, and without medications 9/10. Activity level has remained the same and quality of sleep is good. She is complaining of ongoing abdominal pain and is unsure if it is related to her medication. She denies blood in stool or history of ulcers. On examination she has antalgic gait, slowed gait, and does not use assistive devices. Cervical spine range of motion is restricted with flexion 40 degrees, extension 35 degrees and pain. A tight muscle band is noted on both sides of the paravertebral muscles. Lumbar spine range of motion is restricted with flexion 80 degrees, extension 10 degrees and pain. There is paravertebral muscle tenderness to palpation on both sides. Ankle jerk is 2/4 on the right and on the left. Patellar jerk is 2/4 bilaterally. EHL strength is 4/5 bilaterally, ankle dorsi flexor strength is 5/5 on the right and 4/5 on the left, abductor pollicis brevis is 4/5 bilaterally and abductor digiti mini is 4/5 bilaterally. Straight leg raising test is negative. Diagnoses include 1) cervical pain 2) lumbar radiculopathy 3) spinal lumbar degenerative disc disease 4) low back pain 5) sprain lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent Gel Apply to Affected Body Part 2-3 Times per Day as Needed #3:
Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured worker is not reported to be suffering from arthritic pain in a joint that is amenable to the application of topical NSAIDs. This request includes three units, which is not consistent with short term treatment (2-4 weeks). The request for Voltaren 1 percent gel #3 is not medically necessary.