

Case Number:	CM14-0054714		
Date Assigned:	07/07/2014	Date of Injury:	08/23/2007
Decision Date:	01/28/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal 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 patient is an injured worker with neck, back, and extremity conditions. Date of injury was August 23, 2007. The primary treating physician's progress report dated December 16, 2013 documented the medication Ibuprofen. The primary treating physician's progress report dated March 25, 2014 documented the medication Ibuprofen and the administration of a Toradol injection. The primary treating physician's progress report dated April 22, 2014 documented a history of left knee and back. The patient has had an overall improvement with the current pain regimen. The treatment has been helpful and is causing no side effects. The patient states that function has improved. Current medications included Ibuprofen, Gabapentin, Voltaren transdermal gel, Cyclobenzaprine, Oxycodone, Colace, and Lidoderm. Physical therapy provided no relief. Past medical history included depression and anxiety. Physical examination was documented. Gait and station was slow and antalgic. Left lower leg slight swelling was noted, with no heat or redness. The patient was oriented to time, person, and place. Normal attention span and concentration were noted. No focal weakness was noted. Sensory examination was normal. Tenderness in mid back area was noted. No cervical tenderness noted. Good range of motion of the neck was noted. Diagnoses were lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment plan was documented. Voltaren gel, Ibuprofen, Cyclobenzaprine, Oxycodone, Colace, and Gabapentin were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% one application 3x a day 4ml at a time Lumbar Spine, Left Lower Leg:
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 Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The request for the topical NSAID Voltaren gel is not supported by MTUS guidelines. Therefore, the request for Voltaren Gel 1% one application 3x a day 4ml at a time Lumbar Spine, Left Lower Leg is not medically necessary.