

Case Number:	CM14-0055085		
Date Assigned:	07/07/2014	Date of Injury:	02/24/2011
Decision Date:	01/02/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/24/2014

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 Pulmonary Diseases, 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 22-year-old female who reported an injury on 02/24/2011; while making a patient's bed she felt a pop to her back. The diagnoses included a sprain/strain of the lumbar spine, radiculopathy to the lumbar spine, multilevel disc protrusions, multilevel spinal canal compromise, and multilevel narrowing of the recesses with effacement of the transiting nerve roots to the lumbar spine. Prior treatments included physiotherapy and chiropractic therapy. The physical findings dated 02/19/2014 revealed range of motion with flexion 45/90 degrees, extension 25/25 degrees, right lateral flexion was 25/25 degrees, and left lateral flexion was 25/25 degrees; all motions were painful. The injured worker was negative for toe heel walk. There was tenderness to palpation over the paraspinal musculature. The request for authorization dated 07/07/2014 was submitted with documentation. The treatment plan included Voltaren gel 1.3% 100 gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1.3% 100gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The request for Voltaren gel 1.3% 100gm with 2 refills is not medically necessary. The California MTUS Guidelines state that transdermal components are largely experimental in use with few randomized trials, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The use of Voltaren gel 1% (diclofenac) is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for the treatment of spine, hip, or the shoulders. View of the clinical notes indicated that the injured worker had diagnoses of lumbar sprain/strain and lumbar radiculitis. The documentation was not evident of failed anticonvulsants or antidepressants. Additionally, the guidelines do not recommend the use of topical analgesics and Voltaren is not indicated for the use of the spine. Therefore, the request is not medically necessary.