

Case Number:	CM14-0096459		
Date Assigned:	09/22/2014	Date of Injury:	01/04/2010
Decision Date:	02/25/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2010. In a Utilization Review Report dated May 28, 2014, the claims administrator failed to approve requests for Voltaren gel and Norco. A progress note of May 6, 2014 was referenced. The applicant's attorney subsequently appealed. On July 20, 2014, the attending provider stated that the applicant was working full time and was maintaining her ability to perform activities of daily living including cooking, cleaning, laundry, and self-hygiene, all reportedly achieved as a result of her medication consumption. 7/10 pain without medications versus 0/10 pain with medications was reported. Norco and Nexium were prescribed. The attending provider stated that he wished for the applicant to use Voltaren gel owing to issues with GI upset with other medications. The applicant was given a 10-pound lifting limitation. The applicant had alleged issues with psychological stress. These have apparently been deemed not compensable, the attending provider noted. In a medical-legal evaluation dated October 1, 2014, the applicant's medical-legal evaluator suggested that the applicant should be afforded psychological and psychiatric treatment through the auspice of the above referenced Workers' Compensation claim. The medical-legal evaluator also suggested that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 3% #120G + 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was/is, in fact, the lumbar spine, a body part for which Voltaren gel has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. The applicant's ongoing usage of first-line oral pharmaceuticals such as Norco seemingly obviates the need for topical agents such as Voltaren, it is further noted. Therefore, the request was not medically necessary.

NORCO 5/325MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and maintained full-time work status at [REDACTED], despite ongoing complaints of pain. The applicant is deriving appropriate analgesia with ongoing Norco usage, the attending provider has established. Ongoing usage of Norco has ameliorated the applicant's ability to perform various activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.