

Case Number:	CM15-0000310		
Date Assigned:	01/09/2015	Date of Injury:	11/24/1994
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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:

The injured worker is a 62 year old female, who sustained an industrial injury on 11/24/1994. She has reported chronic pain affecting the left lower extremity, left hip, and low back. The diagnoses have included lumbago and degenerative lumbar/ and lumbosacral intervertebral disc. Treatment to date has included oral and topical medications for pain control. Currently, the IW complains of pain in the low back with radiation to left hip and knee. Pain without meds is a "10" on a scale of 10 and with meds, the pain is rated a 4-5 out of 10. Her activities of daily living are limited by pain and she has depression and poor sleep that contribute to increased pain. On 12/15/2014 Utilization Review non-certified Voltaren Gel 1% 100gms #5 apply 4gms po 4 hrs. and Cymbalta 60mg 1 po 7 days/2 po qd, noting that the California Medical Treatment Utilization Schedule (CA MTUS) Topical Analgesics was cited. On 12/24/2014, the injured worker submitted an application for independent medical review of the decision to deny Voltaren Gel 1% 100gms #5 apply 4gms po 4 hrs, and Cymbalta 60mg 1 po 7 days/2 by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 100gms #5 apply 4gms po 4 hrs: Upheld

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

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

Decision rationale: The patient presents with low back pain with radiation to left hip and knee, rated 4-5/10 with and 10/10 without medications. The request is for 1. VOLTAREN GEL 1% 100 GMS # 5 APPLY 4 GMS PO 4 HRS. Physical examination on 09/23/14 revealed tenderness to palpation over spinous processes in thoracic and lumbar regions. Patient's diagnosis include lumbago and degenerative lumbar/lumbosacral intervertebral disc. Patient was diagnosed with lumbalgia and osteoarthritis in 2009. Patient has been prescribed Voltaren Gel 1% from 12/16/10 and 12/03/14. Patient is to remain off-work until 1 year. 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. Treater has not provided reason for the request. The patient does present knee pain and osteoarthritis, for which an NSAID lotion would be indicated. However, there are no discussions regarding location that will be treated, nor medication efficacy. The request does not meet MTUS indications, therefore Voltaren gel IS NOT medically necessary.

Cymbalta 60mg 1 po 7 days/2 po qd: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

Decision rationale: The patient presents with low back pain with radiation to left hip and knee, rated 4-5/10 with and 10/10 without medications. The request is for CYMBALTA 60 MG 1 PO 7 DAYS / 2 PO QD. Patient's depression and poor sleep continue to increase her pain level. Patient's diagnosis include lumbago and degenerative lumbar/lumbosacral intervertebral disc. Patient was prescribed Cymbalta per treater reports dated 09/23/14 and 12/03/14. Patient is to remain off-work until 1 year. For Cymbalta, the MTUS guidelines page 16-17 states, 'Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks.' Treater does not provide a reason for the request. Cymbalta was first noted in progress report dated 09/23/14. In this case, patient's pain is rated 4-5/10 with and 10/10 without medications, and the patient presents with depression. The request appears reasonable and to meet guideline indications. Therefore, the request IS medically necessary.