

Case Number:	CM15-0004823		
Date Assigned:	01/26/2015	Date of Injury:	05/13/2013
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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: Emergency 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 injured worker is a female, who sustained an industrial injury on May 13, 2013. She has reported tripping over a pallet, after a television had fallen off of it while she was wrapping televisions, resulting in injury of the lower back. The diagnoses have included sprain of sacroiliac region, lower back pain, lumbar sprain, lumbar radiculitis, piriformis pain syndrome, leg numbness, and insomnia. Treatment to date has included medications, radiological imaging, acupuncture, epidural steroid injections, and physical therapy. Currently, the IW complains of low back, tailbone, buttock and leg pain, with numbness, tingling, and weakness of the left leg. It is noted she has been using a cane for ambulation. She reports improved physical functioning with pain medications. The records indicate she had no relief of pain from physical therapy, or acupuncture. Three weeks of approximately 30 % pain relief is noted from two epidural steroid injections. Current medications are listed as: Butrans, Zorvolex, Neurontin, Ambien, Lidoderm patch, Elavil, Voltarn, and Pamelor. On December 5, 2014, Utilization Review non-certificated Voltaren Gel Trial 4 gm, quantity #3 tubes, based on MTUS guidelines. On December 17, 2014, the injured worker submitted an application for IMR for review of Elavil 25 mg, quantity #60, and Voltaren Gel Trial 4 gm, quantity #3 tubes, and Ultram 50 mg, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4gm x 3 tubes: Upheld

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 Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Voltaren gel 4gm x 3 tubes, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has low back, tailbone, buttock and leg pain, with numbness, tingling, and weakness of the left leg. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Voltaren gel 4gm x 3 tubes is not medically necessary.