

Case Number:	CM15-0101634		
Date Assigned:	06/04/2015	Date of Injury:	01/09/2013
Decision Date:	07/03/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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 57 year old male, who sustained an industrial injury on 01/09/2013. He has reported injury to the neck and low back. The diagnoses have included clinically consistent lumbar radiculopathy; low back pain; sacroiliitis; lumbar facetal pain; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, and home exercises. Medications have included Norco, Gabapentin, Naproxen, and Nortriptyline. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent low back pain radiating to the right lower extremity; it is associated with sharp, shooting, and stabbing pain with tingling and numbness in the right leg; pain is rated at 6/10 in severity; neck pain radiating to the right upper extremity associated with tingling and numbness in the right upper extremity; and the combination of current medications are helping for pain. Objective findings included spasms are noted in the lumbar paraspinal muscles; stiffness noted in the lumbar spine; antalgic gait noted on right; and tenderness is noted in the right lumbar facet joints. The treatment plan has included Voltaren Gel 1% apply four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% apply QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Diclofenac topical.

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren/Diclofenac gel have poor evidence to support its use but may have some benefit. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is primarily shoulder and lower back or neck but as per MTUS Guidelines, the use of Voltaren gel for patient's pain is not supported by evidence and is not medically necessary.