

Case Number:	CM15-0101650		
Date Assigned:	06/04/2015	Date of Injury:	12/08/1997
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year old woman sustained an industrial injury on 12/8/1997. The mechanism of injury is not detailed. Diagnoses include lumbar/lumbosacral degenerative disc disease with disc herniation, bilateral lumbar radiculitis, myofascial low back pain, and history of non-industrial lumbar surgery. Treatment has included oral medications with a trial of topical medications and home exercise program. Physician notes dated 4/16/2015 show complaints of back pain with radiation down the right leg. Recommendations include Tylenol #4, Soma, Voltaren gel, home exercise program, and follow up in four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 75 mg, 1/2 to 1 by mouth every 12 hrs, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non steroidal anti-inflammatory drugs).

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 1997 and continues to be treated for low back pain with right lower extremity radiating symptoms. When seen, there was lumbar paraspinal muscle, iliolumbar, and sacroiliac tenderness. There was an antalgic gait using a cane. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (Diclofenac topical) include localized pain. In this case, the claimant has localized pain affecting the lumbar spine and sacroiliac regions. However, the request being reviewed is for “Voltaren gel 75 mg 1/2 to 1 by mouth every 12 hours, Qty 60” which appears to be a mix-up of oral and topical Voltaren. Therefore, the request that was submitted for the purpose of this review cannot be considered medically necessary.