

Case Number:	CM15-0102901		
Date Assigned:	06/05/2015	Date of Injury:	12/20/2004
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 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 42-year-old female, who sustained an industrial injury on December 20, 2004. Treatment to date has included physical therapy, NSAIDS, muscle relaxers, lumbar traction and Lyrica. Currently, the injured worker complains of worsening low back pain over the previous month with a return of right leg pain. She reported 70% improvement in her pain following a right L4-5 and L5-S1 epidural steroid injection on February 19, 2015. She reports axial low back pain over the sacrum. She reports that her medications are providing relief with increased functioning. The documentation indicates the injured worker was prescribed Voltaren on November 21, 2014 and has continued on the medication. The diagnoses associated with the request include lumbosacral radiculitis, lumbar radiculitis, and degeneration of lumbar intervertebral disc, low back pain, and myalgia. The treatment plan includes continued Voltaren, Flexeril, Motrin, Protonix, OxyContin and initiation of Cymbalta and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Topical Gel 1%, 2 g, Qty 15: Upheld

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

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

Decision rationale: The patient presents with diagnoses of lumbosacral radiculitis, lumbar radiculitis and degeneration of lumbar intervertebral disc, low back pain and myalgia. Currently the patient complains of worsening low back pain over the previous month with a return of right leg pain. The patient reports her medications are providing relief with increasing functioning. The clinical history indicates the patient has been continually medicating with Voltaren Gel since at least 11/21/14. The current request is for Voltaren Topical Gel 1%, 2g. In the 4/14/15 treating report (9B) the treating physician, under the "lumbar radiculitis radiculopathy" section states, "continue Voltaren Topical gel, 1% 2.0g applied topically, 4 times a day, 30 day(s), 5, refills 2." MTUS states the following regarding topical analgesics, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." The treating physician does not provide any discussion regarding the efficacy and use of this topical product. MTUS Guidelines are specific that topical NSIADS are for, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In the clinical history provided there is no diagnosis of peripheral joint arthritic pain. MTUS does not support the usage of Voltaren cream for treatment of the spine or radicular pain. The current request is not medically necessary.