

Case Number:	CM15-0018139		
Date Assigned:	02/06/2015	Date of Injury:	01/23/2001
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona

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 67-year-old female who reported an injury on 03/23/1994. The mechanism of injury was not stated. The current diagnoses include lumbar myofascial sprain and lumbar spondylosis with chronic pain. The injured worker presented on 01/21/2015 for a followup orthopedic evaluation. It was noted that the injured worker had participated in aquatic therapy. The injured worker was also utilizing Voltaren gel and glucosamine/chondroitin. Upon examination, there was no acute distress noted. Examination of the cervical spine revealed normal range of motion with a negative Spurling's maneuver and intact sensation. There was 5/5 motor strength in the bilateral upper extremities with 2+ deep tendon reflexes. Examination of the lumbar spine revealed a normal gait, 85% of normal range of motion with pain at the extremes, negative straight leg raising, intact sensation, 5/5 motor strength in the bilateral lower extremities, and 2+ deep tendon reflexes. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 30 Day Supply, #200 with 0 refills (Rx Date: 1/13/2015): Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. The current request for Voltaren gel 1% is not medically appropriate in this case, as the guidelines do not recommend this medication for treatment of the spine. There is also no evidence of osteoarthritis pain. Additionally, the injured worker has utilized the above medication since at least 10/2014 without any evidence of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Glucosamine/Chondroitin Capsules 500-400, 30 Day Supply, #90 with 0 refills (Rx Date: 1/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: California MTUS Guidelines recommend glucosamine and chondroitin sulfate as an option given its low risk in patients with moderate arthritis pain. The injured worker does not maintain a diagnosis of arthritis. Additionally, it was noted that the injured worker has continuously utilized the above medication since at least 10/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.