

Case Number:	CM15-0133217		
Date Assigned:	07/21/2015	Date of Injury:	03/12/2005
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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:

The injured worker is a 59 year old male, who sustained an industrial injury on March 12, 2005. The injured worker has complaints of lumbar spine pain causing spasms. The documentation noted that the injured worker reports he has about 90 percent range of motion and still has some soreness in his left leg. The diagnoses have included sciatic nerve and back and bilateral knees. Treatment to date has included flexeril; norco; roxicodone; duexis; lyrica; left knee replacement on December 9, 2014; acupuncture; epidural steroid injections; heat treatment; ice treatment; physical therapy and spinal cord stimulation trial. The request was for voltaren gel 1 percent. (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Voltaren Gel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2005 and underwent a left total knee replacement in December 2014. He continues to be treated for low back and knee pain. When seen, pain was rated at 7-8/10. His past medical history included diverticulitis. Physical examination findings included a BMI of over 34. There was lumbar spine tenderness with muscle spasms and tenderness and decreased and painful range of motion. Medications included pantoprazole and Duexis. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.