MAXIMUS Federal Services

Case Number:	CM15-0133783		
Date Assigned:	07/22/2015	Date of Injury:	01/08/2010
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 65-year-old female who sustained a work related injury January 8, 2010. Past history included polymyalgia rheumatic, lumbosacral spondylosis, and irritable bowel syndrome. According to a physician's progress notes, dated June 8, 2015, the injured worker presented for a follow-up visit with ongoing complaints of chronic low back pain with electrical radicular pain, radiating down into her feet on both sides. She reports difficulty ambulating in her apartment. According to the physician, she has been treated with multiple types of analgesics, anti-inflammatory medication, corticoid steroid injections, and physical therapy. These treatments have not been effective. She was evaluated for surgical intervention and explained she needed to lose weight before surgery would be considered. She had been weaned from medication for consideration of an intrathecal pump, but it was determined she is not a candidate for this procedure. Diagnoses are chronic lumbar radiculopathy; chronic lumbar degenerative disc disease; chronic lumbar spinal stenosis. At issue, is a request for authorization for Voltaren 1% gel #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel (diclofenac) Page(s): 112.

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

Decision rationale: The injured worker sustained a work related injury on January 8, 2010. The medical records provided indicate the diagnosis of polymyalgia rheumatic, lumbosacral spondylosis, chronic lumbar radiculopathy; chronic lumbar degenerative disc disease; chronic lumbar spinal stenosis and irritable bowel syndrome. Treatments have included analgesics, anti-inflammatory medication, corticoid steroid injections, and physical therapy. The medical records provided for review do not indicate a medical necessity for Voltaren 1% gel #3. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends the NSAID containing topical analgesic Voltaren Gel 1% (diclofenac) 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. Also, the medical records indicate the injured worker is currently being treated with Lyrica, an anticonvulsant, there is no indication the injured worker has failed treatment with the first line agents, including lyrica. The request is not medically necessary.