

Case Number:	CM15-0133914		
Date Assigned:	07/22/2015	Date of Injury:	03/31/1998
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old male who sustained an industrial injury on 3-31-98. This is a continuous trauma injury. Diagnoses are lumbar spine pain and degenerative disc disease-lumbar spine. In a progress report dated 6-2-15, the primary treating physician notes the injured worker states he has not had any major changes to the lumbar spine, however, he has been feeling overall pretty poorly the last month. He was put on an anti-fungal by the VA and he had multiple side effects. He describes his pain as 7 out of 10. He has pain while going up and down stairs and lying in bed. He uses Ibuprofen. Physical exam of the lumbar spine notes 60% flexion, 50% extension, and 60% lateral movement. He was seen for a refill of his Naproxen. Also noted is a request to get a refill on his Voltaren Gel as he has used this in the past and found it to be very effective with minimal side effects. He was given a sample and a prescription. The treatment plan is to continue the back support brace, continue with the cane, continue the transcutaneous electrical nerve stimulator unit, continue Naproxen 500mg twice day, and Voltaren Gel 1% 4 grams to the affected area four times daily. Work status is that he is retired and his disability status is permanent partial disability and that he does not have a disability status related to another illness. His recent work status is that he is not working per the labor market. A progress report dated 8-5-13, notes that he finds the Voltaren Gel is very effective and his pain increased after he ran out of this medication. The requested treatment is Voltaren Gel 1% 4 grams, #1 and Voltaren Gel 1% 4 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months in combination with oral opioids and additional refill is not indicated. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

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