

Case Number:	CM15-0140335		
Date Assigned:	07/30/2015	Date of Injury:	09/05/2006
Decision Date:	08/26/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 60 year old male, who sustained an industrial injury on September 5, 2006. Treatment to date has included pain medications. Currently, the injured worker complains of the same ongoing global pain. He reports worse pain in the low back. On physical examination, the evaluating physician found no neurological deficits with straight leg raise test. The diagnoses associated with the request include chronic pain disorder, lumbar chronic strain and spondylosis, and cervical spondylosis. The treatment plan includes transfer of care to pain management, and continuation of Flector patch, voltaren gel, Zorvolex, glucosamine-chondroitin and Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 2 mg x 100gm with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 anti-convulsants 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 and additional 2 months refill is not indicated. There are diminishing effects after 2 weeks. Pain scores were not noted. The claimant did not have arthritis. The Voltaren gel is not medically necessary.

Glucosamine chondroitin #100 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 58.

Decision rationale: According to the guidelines, Glucosamine is recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the claimant had back pain rather than knee arthritis. There are many other 1st line medications including Tylenol and NSAIDS. The use of Glucosamine is not medically necessary.