

Case Number:	CM15-0140897		
Date Assigned:	07/30/2015	Date of Injury:	05/04/1997
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
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: California

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 (n) 54 year old female, who sustained an industrial injury on 5-4-97. She reported pain in her lower back after she lifted a heavy box. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculitis and post-lumbar laminectomy syndrome. Treatment to date has included a spinal cord stimulator, physical therapy and trigger point injections. Current medications include Lidocaine patch, Soma and Voltaren gel since 6-18-13. On 2-27-14 the injured worker reported re-injuring her back about a week prior after lifting a heavy bag, which caused her to fall. As of the PR2 dated 1-22-15, the injured worker reports 3 out of 10 pain in her lower back. Objective findings include lumbar flexion 40 degrees, extension 10 degrees and a negative straight leg raise test. The treating physician requested Voltaren gel 100gram #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube of Voltaren Gel 100 grams: Upheld

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

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

Decision rationale: The 54 year old patient complains of lower back pain, rated at 3/10, as per progress report dated 01/22/15. The request is for one tube of voltaren gel 100 gms. There is no RFA for this case, and the patient's date of injury is 05/04/97. The patient is status post lumbar fusion and status post lumbar spinal cord stimulator implantation, as per progress report dated 01/22/15. Diagnoses included lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, lumbar radiculitis, and lumbar post-laminectomy syndrome. Medications included Voltaren gel, Lidocaine patch, and Soma. The patient has retired from work, as per the same report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a review of the available records indicates that the patient has been using Voltaren gel at least since 06/18/13. In progress report dated 01/22/15, the treater states that the patient has been benefiting from Voltaren gel, and there are no side effects. As per the report, the patient "continues to stay active with caring for her 70 yr old mother and 5 dogs, performing household chores, running errands, and yard work (working on a generator, raking leaves, using a blower etc.)." In progress report dated 07/17/15, after the UR denial date, the treater states that the patient has "continued to benefit with use of Voltaren gel for her tenderness, inflammation, and pain over SCS battery intermittently." Although the treater documents an improvement in function, it is not specific to Voltaren gel. Additionally, the patient does not suffer from peripheral joint arthritis or tendinitis for which topical NSAIDs are recommended. Hence, the request is not medically necessary.