

Case Number:	CM15-0163886		
Date Assigned:	09/01/2015	Date of Injury:	07/07/1999
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 40 year old female who sustained an industrial injury on 7-7-99 with current complaints of burning pain above the previous fusion that radiates right and left and began on 5-10-15. Diagnoses are arthrodesis, degeneration of intervertebral disc, spinal stenosis of lumbar region, thoracic back pain, closed fracture lumbar vertebra, degeneration of intervertebral disc, and status post open reduction internal fixation of L1 burst fracture with fusion T12-L3 in 1999. In a progress report dated 6-30-15, the primary treating physician notes complaints of burning in the mid back has decreased some since the last visit but she still has pain through that area that fluctuates. It is noted that she has not done physical therapy in many years. An objective exam notes less pain in the low back with movement, continued weakness in the left ankle with dorsiflexion and mild quadriceps weakness on the left. Range of motion is decreased with forward flexion to about 30 degrees. There is tenderness to palpation at T11-T12 and at the paraspinals. A progress report dated 5-22-15, notes she has been exercising more, is progressing with weight loss with a loss of 30 pounds, and uses her brace every day. Medications are Norflex, Norco, Gabapentin, and Anaprox. The treatment plan is 12 visits of physical therapy, a home exercise program will be taught eventually and Voltaren gel for her back. The requested treatment is Voltaren 1% topical gel, 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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 7-7-99. The medical records provided indicate the diagnosis of arthrodesis, degeneration of intervertebral disc, spinal stenosis of lumbar region, thoracic back pain, closed fracture lumbar vertebra, degeneration of intervertebral disc, and status post open reduction internal fixation of L1 burst fracture with fusion T12-L3 in 1999. Treatments have included medications, home exercise program. The medical records provided for review do not indicate a medical necessity for Voltaren 1% topical gel 120g .Voltaren Gel is a topical analgesic containing diclofenac. The MTUS states that Voltaren Gel 1% (diclofenac) 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. The requested treatment is not medically necessary because the treatment is not indicated for treatment of back conditions.