

Case Number:	CM15-0167041		
Date Assigned:	09/04/2015	Date of Injury:	08/27/2010
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32-year-old male who sustained an industrial injury on August 27, 2010 resulting in radiating low back pain. Diagnoses have included lumbar sprain or strain, lumbar disc displacement, and lumbar radiculopathy affecting the L4-5 and L5-S1 nerve roots. Documented treatment includes lumbar epidural steroid injection, which helped reduce some lumbar pain but did not help the pain radiating down his buttocks and legs, and medication including Tramadol, Voltaren, and Omeprazole. The injured worker had previously taken non-steroid anti-inflammatory medications but developed stomach-related side effects. The injured worker continues to present with low back pain, which radiates down both legs. The treating physician's plan of care includes Voltaren Gel 1 percent. Current work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: 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.

Decision rationale: This 32 year old male has complained of low back pain since date of injury 8/27/10. He has been treated with surgery, epidural steroid injections and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel is not indicated as medically necessary.