

Case Number:	CM15-0181067		
Date Assigned:	09/22/2015	Date of Injury:	09/18/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 9-18-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar disc disease, chronic L5 nerve root irritation on the right, and dysesthesia of the right hand, probable carpal tunnel syndrome. According to the progress report dated 8-24-2015, the injured worker presented with complaints of constant low back pain (7-8 out of 10) with radiation into his inner right thigh and leg, associated with numbness, weakness, and tingling in his right leg and foot. He reported aggravation of symptoms at night and with activities such as standing, bending, and sitting for long periods of time. In addition, he reports constant right wrist pain (6-7 out of 10) with radiation up his right arm, associated with numbness, weakness, and tingling in the fingers. The physical examination revealed no significant findings. The current medications are Norco. Previous diagnostic studies include electrodiagnostic testing and MRI. Treatments to date include medication management and physical therapy. Per the progress note dated 7-16-2015, work status was described as temporarily totally disabled. The treatment plan included Voltaren, Voltaren gel, and Flexeril. The original utilization review (9-3-2015) had non-certified a request for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium Topical Gel) 1% apply 3 times per day 100 grams:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating low back pain and right wrist pain. He was seen for an initial evaluation by the requesting provider on 08/24/15. Pain was rated at 6-8/10. Physical examination findings included cervical and trapezius muscle tenderness. There was decreased right grip strength with positive Tinel's testing. There was decreased and painful lumbar spine range of motion with decreased left lower extremity sensation. There was right foot pain with Jolt testing. Authorization for additional testing and an epidural injection was requested. Flexeril, oral Voltaren, and Voltaren gel were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral diclofenac was also prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.