

Case Number:	CM15-0182977		
Date Assigned:	09/23/2015	Date of Injury:	12/02/1997
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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 71 year old female, who sustained an industrial injury on 12-02-1997. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post-lumbar laminectomy syndrome, degenerative disc disease of the lumbar spine, lumbar spondylosis without myelopathy, lumbar spinal stenosis, enlargement of lymph nodes, chronic bronchitis, thoracic pain and sacroiliitis. Medical records (04-23-2015 and 08-27-2015) indicate ongoing low back pain with radiating pain into both lower extremities, and numbness in the left leg. Average pain levels were 7 out of 10 on a visual analog scale (VAS). It was reported (08-27-2015) that pain levels had gradually increased over the previous month. Enjoyment of life was rated at 5 out of 10 which was decreased from the previous exam (04-23-2015) which rated quality of life as 6 out of 10. Activity levels were reported as 5 out of 10 on 08-27-2015 which was also decreased from the previous exam (04-23-2015). Pain was described as constant, sharp, and electrical with numbness and tingling. Records also indicate decreasing activity levels and functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-27-2015, revealed limited range of motion in the cervical and lumbar spines, extension of the cervical spine was decreased with pain; extension, flexion, left rotation and bilateral lateral bending of the lumbar spine were all decreased with pain; tenderness over the bilateral lumbar paraspinal muscles; tenderness over the midline lumbar vertebral; positive straight leg raises bilaterally; decreased range of motion in both hips with pain; decreased reflexes in the left lower extremity; and diminished sensation in the left lower extremity. Relevant treatments have included physical therapy (PT), work restrictions, and pain

medications (Voltaren gel since at least 04-2015). The request for authorization (08-27-2015) shows that the following medication requested: Voltaren gel 1% 500gm. The original utilization review (09-08-2015) non-certified the request for Voltaren gel 1% 500gm based on the medication is not recommended for conditions related to the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1%, #500gms: 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 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 anticonvulsants 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 along with other topical analgesics or oral pain relievers. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The continued use of Voltaren gel is not medically necessary.