

Case Number:	CM15-0185017		
Date Assigned:	09/30/2015	Date of Injury:	07/20/2012
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 34 year old male, who sustained an industrial injury on 7-20-2012. The injured worker is being treated for recurrent instability left knee, chronic left ankle sprain-strain, low back pain left sided, and lower extremity paresthesias clinically. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Comprehensive Orthopedic Evaluation dated 8-25-2015 the injured worker presented for follow-up regarding injuries to the lumbar spine, left knee and left ankle. He reported pain rated as 7 out of 10 in severity. This has increased since the last visit. Objective findings included moderate pain and discomfort with left lateral flexion as well as forward flexion. There was pain and discomfort over the left sciatic nerve distribution. There was increased pain and discomfort over the lumbar spine with pain inferiorly down the left lower extremity. The plan of care included diagnostics and physiotherapy. On 7-14-2015, he rated the severity of his pain as 5 out of 10. The plan of care included Voltaren gel. Per the medical records dated 7-14-2015 to 8-25-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. Work status was modified. Authorization was requested on 8-25-2015 for Voltaren gel #3 100g. On 9-10-2015, Utilization Review non-certified the request for Voltaren gel #3 100g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #3 100g refill; 1: 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: The current request is for Voltaren gel #3 100G refill; 1. The RFA is dated 08/25/15. Treatment to date has included diagnostics, physical therapy and medications. The patient may work with restrictions. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "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." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per report 08/25/15, the patient presents with lumbar spine, left knee and left ankle pain. Objective findings included moderate pain and discomfort with left lateral flexion as well as forward flexion. There was pain and discomfort over the left sciatic nerve distribution, and increased pain and discomfort over the lumbar spine with pain inferiorly down the left lower extremity. There is no discussion regarding the Voltaren gel on this visit. Per report 07/11/15, the treater recommended Voltaren gel "to be applied to the affected area." In this case, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. In addition, while the patient does present with right knee pain for which topical NSAIDs may be indicated, the treater does not indicate that treatment is specific to the knee and only states "to be applied to the affected area" and the patient does also suffer from chronic low back pain. MTUS states that Voltaren Gel 1% (diclofenac) "has not been evaluated for treatment of the spine, hip or shoulder." Therefore, the request is not medically necessary.