

Case Number:	CM15-0185159		
Date Assigned:	09/25/2015	Date of Injury:	03/09/1999
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
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: Texas, 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:

This is a 53 year old female patient, who sustained an industrial injury on 3-9-1999. The diagnoses include post-laminectomy syndrome of lumbar region, lumbar radiculopathy, lumbar back pain, muscle spasm, and chronic insomnia. Per the doctor's note dated 7-15-2015, she reported pain to the low back and bilateral knees. She rated her pain 8 out of 10 on an average. She indicated being able to tolerate a pain level of 7 out of 10. Per the doctor's note dated 8-12-2015, she reported being seen by AME in 2004 and was given 71 percent disability prior to having 2 surgeries, after surgery in 2007 she was rated at 100 percent disabled. She indicated she was able to perform her activities of daily living, and socialize with friends and family with the use of her medications and without medications she would be in bed most of her day. She reported pain to the low back and bilateral knees which she described as sharp, aching, cramping, throbbing, dull, burning and stabbing. She rated her least pain with medications 7 out of 10, average pain 8 out of 10 and worst pain 8 out of 10, without medications least pain rated 8 out of 10, average pain 8 out of 10, and worst pain 8 out of 10. She indicated she was able to tolerate an 8 out of 10 pain level. Physical examination revealed transfer slowly but independently; no clubbing, cyanosis, edema or deformity noted with normal full range of motion of all joints for the extremities. The medications list includes Oxycontin, Norco, Elavil, Voltaren gel, Ibuprofen. The records indicate she has been utilizing Ibuprofen since at least September 2012, possibly longer; and Voltaren gel since at least November 2012, possibly longer. The treatment and diagnostic testing to date has included: morphine pain pump trial; laminectomy-discectomy (1999); fusion (2001, 2003, 2006); hardware repositioning (2007); and medications. The request for authorization is for: one prescription of Ibuprofen 800mg quantity 90; one prescription of Voltaren gel (Diclofenac Sodium gel) 4mg quantity 3. The UR dated 9-2-2015: non-certified the

requests for one prescription of Ibuprofen 800mg quantity 90; one prescription of Voltaren gel (Diclofenac Sodium gel) 4mg quantity 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90: Overturned

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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Ibuprofen 800mg, #90. Ibuprofen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had chronic low back pain and bilateral knee pain with history of multiple surgeries. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 800mg, #90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Voltaren gel (Diclofenac Sodium gel) 4mg, #3: 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 Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Voltaren® Gel (Diclofenac).

Decision rationale: Voltaren gel (Diclofenac Sodium gel) 4mg, #3. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Patient's medications list includes Elavil. Failure of an anti-convulsant is not specified in the records provided. In addition, per the ODG cited above Voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations." The medical necessity of Voltaren gel (Diclofenac Sodium gel) 4mg, #3 is not established for this patient at this time.