

Case Number:	CM15-0186921		
Date Assigned:	09/28/2015	Date of Injury:	01/12/2015
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 54 year old female, who sustained an industrial injury on 1-12-15. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 8-19-15 are of a "Back Pain Consult". The notes indicated the injured worker complains of right-sided low back pain. She reports her pain as constant, sharp, dull, achy, shooting, electric-like, and on the right side of her low back. Below the lumbar spine and the sacral region and radiates sometimes as far down on the right posterior knee. The provider documents "her current pain level is 3 out of 10. Average pain over the last week has been 5 out of 10. Pain score without medication is 7 out of 10 and with medication is 2 out of 10 and worse pain last week has been 9 out of 10." The injured worker reports she has increased pain with bending backwards, sitting, standing, walking stairs, exercise, coughing, lying down, sexual relations, functional limitations which she avoids. Further pain is reported when doing hard work, shopping, physical exercise, driving, socializing with friends, participating in recreation, hobbies, and having sexual relations. She reports no relief in the past with physical therapy, moderate relief with cold, heat and ice therapy, and some chiropractic therapy as well. The provider notes she has attempted to use Motrin which caused stomach upset and she is currently taking Tylenol. On physical examination, the provider documents "Normal gait, upper extremity exam is within normal limits. Lumbar: bilateral tenderness, pain, range of motion (diminished, flexion, extension, restricted by pain), straight leg raise negative both sitting and supine. The patient had focal pain today on the lower back, specifically at the right sacroiliac joint. FABER's testing made the pain much worse and replicated her typical pain. Lower extremity is within normal limits, normal sensory, normal function, no focal defects. Cranial

nerve intact, normal deep tendon reflexes." He documents his diagnosis of "right-sided sacroiliac joint dysfunction, possibly of sacroiliitis. He recommended she undergo a trial of SI joint stabilization belt as well as SI joint injection both diagnostic and therapeutic purposes." He also recommended Voltaren gel to be applied to the low back area locally. He notes she has had "problems with oral non-steroidal anti-inflammatory drugs causing severe heartburn." A PR-2 note dated 8-3-15, the provider documents "She has just returned home after a 5-day trip to [REDACTED]. She had multiple leg flight from [REDACTED] to [REDACTED] which was five hours flight and had some low back pain and from [REDACTED] to [REDACTED] at a 2.5 hour flight." Her return flight was reported as similar. Her current complaints include low back pain "6-7 out of 10 that have not improved with chiropractic x6 and physical therapy x6." On physical examination, the provider documents "positive tenderness over right L1-L5 paraspinal muscles with extremely light palpation. Range of motion is full in all directions without pain, no guarding, full stability. There is no lower extremity atrophy." The provider's treatment plan included a Pain Management appointment with a provider on 8-19-15. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-16-15 and non-certification was for Voltaren Gel. A request for authorization has been received 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: 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): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for low back pain occurring when picking up carpet samples. When seen, treatments had included physical therapy and oral NSAID medication with gastrointestinal upset and intolerance. Physical examination findings included bilateral lumbar tenderness with decreased range of motion and focal right sacroiliac joint tenderness. Fabere testing was positive. A right sacroiliac joint injection was requested and topical diclofenac was 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, the claimant has intolerance of oral medications and has localized right sacroiliac joint pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is appropriate and is medically necessary.