

Case Number:	CM15-0190788		
Date Assigned:	10/02/2015	Date of Injury:	08/22/2007
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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 52 year old female who sustained an industrial injury on 08-22-2007. According to a progress report dated 09-14-2015, subjective complaints included low back pain with a history of radiation to the left leg rated 4-6 on a scale of 1-10. Sleep was interrupted due to pain. Trigger point injections in the past provided 50% decreased pain. "Flare" pain down right leg and hip pain radiating to left leg was noted. The physical examination was described as: alert, appropriate, antalgic, 1 plus spasm, "twitch", tenderness to palpation right posterior thigh from buttock worse with deep palpation, shoulder tenderness to palpation, lumbar spine flexion 40 degrees, extension 15 degrees, knee crepitus, x-ray degenerative disc disease. Diagnoses included back strain, myofasciitis and sciatica. The treatment plan included physical therapy, trigger point injections x 2, diet, exercise, stretching, walking, ice and heat. The provider noted a request for authorization for Voltaren Gel 1% and a nurse case manager on 09-28-2015 at 4:00 p.m. Records submitted for review show that the injured worker had been utilizing Naprosyn and Norco in addition to the Voltaren Gel. An authorization request dated 09-14-2015 was submitted for review. The requested services included Voltaren Gel 1% x 3 and nurse case manager for 09- 28-2015 @ 3:30 p.m. On 09-21-2015, Utilization Review non-certified the request for Voltaren gel 1% gm tubes x 3, no refill quantity 3 and authorized the request for a nurse case manager to attend 9-28-2015 appointment quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%gm tubes x 3, no refill, QTY: 3.00: 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 patient presents on 09/14/15 with lower back and left hip pain which radiates into the left lower extremity rated 4-6/10. The patient's date of injury is 08/22/07. The request is for Voltaren Gel 1% gm Tubes x3, no refill, qty: 3.00. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals that the patient presents with an antalgic gait, notes spasm to an unspecified location, tenderness to palpation of the "posterior thigh from buttock worse with deep palpation" [sic]. The provider also notes tenderness to palpation of the posterior shoulder and notes crepitus in an unspecified knee. The patient is currently prescribed Naprosyn, Norco, and Voltaren gel. Patient is currently working. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antiinflammatory 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." In regard to Voltaren gel for this patient's ongoing lower back and hip pain which radiates into the left lower extremity, the provider has failed to specify where it is to be applied. This patient presents with lower back pain and hip pain with a radicular component in the left lower extremity, not a peripheral joint complaint amenable to topical NSAIDs. Guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Were the provider to specify that this medication is to be applied for this patient's knee complaint, the recommendation would be for approval.

However, without evidence that this medication is being utilized for a peripheral complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.