

Case Number:	CM15-0195598		
Date Assigned:	10/13/2015	Date of Injury:	12/26/1997
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 71 year old female who sustained an industrial injury on 12-26-97. The medical records indicate that the injured worker is being treated for depression; anxiety; lumbar disc disease; lumbar radiculopathy. She currently (9-17-15) has low back pain that is progressively worsening with severe burning pain and radiation to the right lower extremity to the foot with occasional numbness, tingling and weakness. She has an unsteady gait associated with weakness and is unable to stand for longer than 10 minutes. She fell a week ago with ankle pain (she has a history of polio with a progressive unsteady gait). Her pain level with medication is 5 out of 10 and without medication is 9 out of 10. Diclofenac and Voltaren help arthritic pain and stiffness and enable her to do activities of daily living. The 4-14-15 note indicates that "activities of daily living are greatly improved with analgesic regimen". On physical exam of the lumbar spine there was decreased range of motion, sensory deficit of both legs in the L5-S1 distribution. X-rays of the lumbar spine (no date) show severe L5-S1 degenerative disc disease. Her treatments to date include medications: Prilosec, Norco, OxyContin, Amitiza, Proxac, Wellbutrin, Ditropan; she declined physical therapy and acupuncture. She has been on Flector patch since at least 4-14-15 and Voltaren gel was requested 8-20-15. The request for authorization was not present. On 9-24-15 Utilization Review non-certified the requests for Flector 1.3% 120 patches times 3; Voltaren Gel 1% 4 grams times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 4G 200g x3: 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 08/20/15 with lower back pain which radiates into the right lower extremity and associated numbness and tingling of the affected limb. The patient's date of injury is 12/26/97. The request is for Voltaren Gel 1% 4G 200G X3. The RFA is dated 08/20/15. Physical examination dated 08/20/15 reveals decreased lumbar range of motion, weakness in the bilateral lower extremities, and sensory deficit in the L5-S1 dermatomal distributions bilaterally. The patient is currently prescribed Oxycontin, Voltaren Gel, and Flector patches. Patient is currently classified as permanent and stationary. 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 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. In regard to Voltaren gel for this patient's ongoing lower back pain with a radicular component, this medication is not supported for this patient's chief complaint. This patient presents with lower back pain, which radiates into the right 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. Without evidence that this medication is being utilized for a peripheral complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.

Flector 1.3% 120 patches x3: 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 08/20/15 with lower back pain which radiates into the right lower extremity and associated numbness and tingling of the affected limb. The patient's date of injury is 12/26/97. The request is for Flector 1/3% 120 patches x 3. The RFA is

dated 08/20/15. Physical examination dated 08/20/15 reveals decreased lumbar range of motion, weakness in the bilateral lower extremities, and sensory deficit in the L5-S1 dermatomal distributions bilaterally. The patient is currently prescribed Oxycontin, Voltaren Gel, and Flector patches. Patient is currently classified as permanent and stationary. MTUS Guidelines, Topical Analgesics section, pg 111-113, under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the Flector patches for this patient's chronic lower back pain with a radicular component, guidelines do not support topical NSAID medications for this patient's chief complaint. MTUS guidelines indicate that topical NSAID medications are considered appropriate for peripheral joint complaints, and specifically state that there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. This patient presents with lower back pain, which radiates into the right lower extremity, and does not appear to have any peripheral complaints for which topical NSAIDs are considered an option. Without discussion of Flector use on a peripheral joint or for another appropriate condition, the request cannot be substantiated. Therefore, the request is not medically necessary.