

<b>Case Number:</b>	CM15-0196219		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 57 year old male, who sustained an industrial injury on May 20, 2010, incurring low back injuries. He was diagnosed with lumbar spine stenosis, lumbar degenerative disc disease, lumbosacral neuritis and lumbar radiculitis. Electromyography studies were abnormal. Treatment included pain medications, proton pump inhibitor, topical analgesic gel, neuropathic medications, and activity restrictions. Currently, the injured worker complained of persistent low back pain and difficulty standing due to the chronic pain. The injured worker noted that with the use of his medications he was able to get up and move around and do his activities of daily living. He uses ice packs and heating pads to help alleviate his pain also. The treatment plan that was requested for authorization on October 6, 2015, included prescriptions for Voltaren gel with 3 refills and Prilosec 20 mg #30 with 3 refills. On October 5, 2015, a request for prescriptions for Voltaren gel and Prilosec were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% Qty: 3 tubes with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in May 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. Lumbar spine surgery had been recommended but denied. He has a lumbar disc protrusion with positive electrodiagnostic testing. He has a history of intolerance of oral medications with gastrointestinal problems. When seen, his body mass index was nearly 29. He had difficulty standing upright. He had decreased lumbar lordosis. He had back pain with straight leg raising. Topical diclofenac, Prilosec, and Norco were 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 low back pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is considered medically necessary.

**Prilosec 20mg Qty: 30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in May 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. Lumbar spine surgery had been recommended but denied. He has a lumbar disc protrusion with positive electrodiagnostic testing. He has a history of intolerance of oral medications with gastrointestinal problems. When seen, his body mass index was nearly 29. He had difficulty standing upright. He had decreased lumbar lordosis. He had back pain with straight leg raising. Topical diclofenac, Prilosec, and Norco were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Topical NSAIDs have a better safety profile than oral NSAIDs and adverse effects secondary to topical NSAID use occurs in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. The continued prescribing of Prilosec (omeprazole) is not considered medically necessary.