

Case Number:	CM15-0197737		
Date Assigned:	10/13/2015	Date of Injury:	01/19/2005
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: North Carolina

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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 1-19-05. The injured worker was diagnosed as having back pain in the thoracic region, chronic pain syndrome, neuralgia, bilateral lumbar radiculopathy, and lumbar herniated disc. Treatment to date has included lumbar transforaminal epidural steroid injections and medication including Hydrocodone-Acetaminophen, Gabapentin, Cyclobenzaprine, Ibuprofen, Alprazolam, and Voltaren 1% gel. On 9-17-15 physical examination findings included negative straight leg raise tests and intact motor and sensory in the lower extremities. The treating physician noted, "even minimal trunk flexion and extension severely increased back pain. He walks in a very guarded manner." On 7-28-15, pain was rated as 3 of 10 with medication and 5 of 10 at worst. On 9-17-15, pain was rated as 4 of 10 with medication and 8 of 10 at worst. The injured worker had been using Voltaren gel since at least December 2014. On 9-17-15, the injured worker complained of back pain with radiation down the legs. Pain was also noted in the right arm, left leg, bilateral shoulders thoracic spine, left knee, bilateral ankles and bilateral feet. The treating physician requested authorization for Voltaren 1% gel #1 tube. On 9-24-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel (Diclofenac sodium) apply 2-3 gram twice a day as needed #1 tube:

Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) 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. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of back pain. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.