

Case Number:	CM15-0202080		
Date Assigned:	10/19/2015	Date of Injury:	08/11/2014
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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 37 year old male, who sustained an industrial injury on 8-11-2014. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, physical therapy, and medications. On 8-27-2015, the injured worker complains of ongoing low back pain, rated 7 out of 10 (rated 6 out of 10 on 7-30-2015), noting that the back hurt more than the radicular symptoms. It was documented that he did not tolerate acupuncture and did not like taking oral medications. He was documented as not interested in any surgery or diagnostic procedures. Previous medications included Norco, Naproxen, Flexeril, and over the counter Motrin. He was currently not taking any medications. Objective findings noted "no significant change", noting good upper and lower extremity strength and normal gait-stance on 7-30-2015. Magnetic resonance imaging (9-15-2014) was documented as showing broad-based disc protrusion at L5-S1, which is displacing the adjacent right and left S1 nerves. The treating physician suggested a trial of Voltaren gel and he was willing to try it. His work status was modified, not documented that he was or was not currently working. The treatment plan included Voltaren gel #5 tubes a month, modified by Utilization Review on 9-17-2015 to Voltaren gel #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #5 tube a month: Upheld

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 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 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. The patient has low 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.