MAXIMUS Federal Services

Case Number:	CM15-0203512		
Date Assigned:	10/20/2015	Date of Injury:	10/24/2013
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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 34-year-old male, with a reported date of injury of 10-24-2013. The diagnoses include lumbar sprain and strain, lumbar discogenic syndrome, myofascial pain syndrome, and anxiety. The progress report dated 09-09-2015 indicates that the injured worker was very anxious during the visit. The injured worker complained of low back pain, with radiation to the SI (sacroiliac) joints. His pain level with medications was rated 4 out of 10. On 09-02-2015, the injured worker rated his low back pain 5 out of 10. The injured worker's current pain rating increased from 4 out of 10 to 6 out of 10 with active range of motion or activities of daily living. It was noted that the pain also increased with increased stress at work. The objective findings include a normal gait; increased heart rate caused by anxiety; full extension of the lumbar spine at 10 degrees without pain; and lumbar flexion at 180 degrees without pain and no muscle spasms. The injured worker has been instructed to return to modified work. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included TENS unit twice a day, Theracane, home exercise program, Vicodin, Tramadol, Voltaren gel (since at least 07-2015), and Ibuprofen. The request for authorization was dated 09-09-2015. The treating physician requested Voltaren gel 1% tube. On 09-17-2015, Utilization Review (UR) non-certified the request for 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 1% tube: 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 complaints. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.