

Case Number:	CM15-0205038		
Date Assigned:	10/21/2015	Date of Injury:	04/01/2005
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40 year old male, who sustained an industrial injury on 4-1-05. The injured worker is diagnosed with lumbar spine degenerative disc disease, low back pain and chronic pain syndrome. The injured worker is currently working. Notes dated 7-22-15, 8-28-15 and 9-8-15 reveals the injured worker presented with complaints of neck, upper, mid and low spine pain and bilateral buttock pain. The pain is described as sharp, pins and needles, aching and electric and is rated at 8-10 out of 10. He reports poor sleep and averages 3-5 hours per night with a sleep aid. Physical examinations dated 8-28-15 and 9-8-15 revealed decreased lumbar lordosis, tenderness is noted over the low back and tenderness to palpation over the posterior and superior iliac spines. Treatment to date has included medications; Lunesta, Voltaren (11-2014) and Norco reduces his pain from 8 out of 10 to 3-4 out of 10 and lasting for up to 4 hours, home exercise program, pool-spa and ice-heat. Diagnostic studies include urine toxicology screen. A request for authorization dated 9-8-15 for Voltaren 1% gel 100 grams with 2 refills is denied, per Utilization Review letter dated 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent Gel 100gm PRN per 30 days Refill 2: 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: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.